Fill in this information to identify your	case:	
United States Bankruptcy Court for the:  EASTERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your **James** Yamileth government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). **Grisham** Grisham Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 2 7 9 9 your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx -(ITIN) Any business names ✓ I have not used any business names or EINs. ✓ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names

Business name

Business name

Debtor 1	James 16-4003	D <sup>Doc 1</sup> Filed 01/04/16 Ent <b>Grishar</b>	ered 01/04/16 16:27:08 <b>n</b> (	Desc Main Docui Case number (if kno	ment Page 2 of 94 wn)	
	First Name	Middle Name Last Name			· -	
		About Debtor 1:		About Debtor 2	2 (Spouse Only in a Joint Case):	
		EIN		<u>EIN</u> — – –		
				<u></u>		
5. Whe	re you live			If Debtor 2 live	s at a different address:	
		5613 Bay Meadows D	rive	5613 Bay Me	adows Drive	
		Number Street		Number Street		
		Frisco T		Frisco	TX 75034	
		City St	ate ZIP Code	City	State ZIP Code	
		Denton County		Denton County		
		If your mailing address the one above, fill it in h court will send any notice mailing address.	ere. Note that the	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
		5613 Bay Meadows D	rive	Number Street		
		Number Street				
		P.O. Box		P.O. Box		
		Frisco T	X 75034			
		City St	ate ZIP Code	City	State ZIP Code	
-	you are choosing district to file for	Check one:		Check one:		
	ruptcy	Over the last 180 da petition, I have lived than in any other dis	in this district longer	petition, I h	ast 180 days before filing this have lived in this district longer y other district.	
		I have another reason (See 28 U.S.C. § 14	•		other reason. Explain. .S.C. § 1408.)	
Part 2:	Tell the Court	About Your Bankruptcy	Case			
Banl	chapter of the	Check one: (For a brief def			1 U.S.C. § 342(b) for Individuals Filin the appropriate box.	
are o	choosing to file er	Chapter 7				
		Chapter 11				
		Chapter 12				
		Chapter 13				
		_				

Deb	tor 1 James 16-40031	$\mathbf{p}^{Doc1}$	Filed	d 01/04/16 Entered 01/04/16 16:27:08 <b>Grisham</b>	Desc Case nur	Main Document nber (if known)	Page 3 of 94
	First Name	Middle Na		Last Name		` , _	
8.	How you will pay the fee		court pay w	pay the entire fee when I file my petiti- for more details about how you may pay with cash, cashier's check, or money orde If, your attorney may pay with a credit can	. Typica er. If you	lly, if you are pay r attorney is subr	ing the fee yourself, you may nitting your payment on your
				d to pay the fee in installments. If you iduals to Pay Your Filing Fee in Installme			and attach the Application for
			By law than 1 fee in	uest that my fee be waived (You may rew, a judge may, but is not required to, want 150% of the official poverty line that apply installments). If you choose this option, Fee Waived (Official Form 103B) and file	nive your lies to yo , you mu	fee, and may do our family size and st fill out the Appl	so only if your income is less d you are unable to pay the
9.	Have you filed for		No				
	bankruptcy within the last 8 years?		Yes.				
		Distr	ict _		_ When	MM / DD / YYYY	Case number
		Distr	ict _		_ When	MM / DD / YYYY	Case number
		Distr	ict _		_ When	MM / DD / YYYY	Case number
10.	Are any bankruptcy cases pending or being		No				
	filed by a spouse who is not filing this case with	_	Yes.			Daladasah	
	you, or by a business	Debt	_				
	partner, or by an affiliate?	Distr	ıct		_ When	MM / DD / YYYY	Case number,if known
		Debt	or _			Relationsh	ip to you
		Distr	ict _		_ When	MM / DD / YYYY	Case number,if known
11.	Do you rent your residence?		No. Yes.	Go to line 12.  Has your landlord obtained an eviction residence?  No. Go to line 12.	judgmer	nt against you and	d do you want to stay in your
				Yes. Fill out Initial Statement Abo			

Deb	tor 1	James 16-40031	DDoc 1	File	d 01/04/16 Entered 01/04/16 16:27:08 Desc Main I Grisham Case number (i	Document f known)	Page 4 of	94
		First Name	Middle N		Last Name	,		
P	art 3:	Report About A	ny Bu	ısine	sses You Own as a Sole Proprietor			
12.	of any fubusines  A sole pubusiness individua separate	a sole proprietor ull- or part-time s? roprietorship is a s you operate as an al, and is not a e legal entity such as ation, partnership, or			Name and location of business  Name of business, if any  Number Street			
	sole prop	ove more than one prietorship, use a e sheet and attach it etition.			City  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. §  Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 1010  None of the above	101(27A)) c. § 101(51B)	ZIP Cod	le
13. Are you filing ur Chapter 11 of th Bankruptcy Cod are you a small debtor?		11 of the otcy Code and a small business	can mos or if	set ap	filing under Chapter 11, the court must know whether you propriate deadlines. If you indicate that you are a small not balance sheet, statement of operations, cash-flow states these documents do not exist, follow the procedure in the same of the	l business datement, and	lebtor, you r d federal inc	must attach your ome tax return
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).			No.	I am filing under Chapter 11, but I am NOT a small bus the Bankruptcy Code.  I am filing under Chapter 11 and I am a small business Bankruptcy Code.		_	
Pa	art 4:	Report If You C	)wn or	· Hav	e Any Hazardous Property or Any Property	/ That Ne	eds Imme	ediate Attention
14.	property alleged imminer	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?			
	safety? any prop	to public health or Or do you own perty that needs ate attention?			If immediate attention is needed, why is it needed?			
	perishab livestock	mple, do you own ble goods, or a that must be fed, or ng that needs urgent			Where is the property?  Number Street			
					City		State	ZIP Code

First Name Middle Name Last N

# Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:** 

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	about
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

through the internet, even after I

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required to receive a briefing about
_	credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb		<b>D</b> DOC 1		Case	e number (if known)	Page 6 01 94		
В	First Name  Answer These	Middle Na	ons for Reporting Pu	irnococ				
	What kind of debts do you have?		consumer debts are de onal, family, or househ	efined in 11 U.S.C. § 101(8) old purpose."				
		16b.	<ul> <li>Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</li> <li>No. Go to line 16c.</li> <li>Yes. Go to line 17.</li> </ul>					
		16c.	State the type of debts ye	ou owe that are not cons	sumer or business deb	ots.		
17.	Are you filing under Chapter 7?		No. I am not filing under	r Chapter 7. Go to line 1	8.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		· ·		, ,	ot property is excluded and stribute to unsecured creditors?		
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-199 200-999	1,000-5,000 5,001-10,000 10,001-25,000	50,0	001-50,000 001-100,000 re than 100,000		
19.	How much do you estimate your assets to be worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 to \$10,000,001-\$50 \$50,000,001-\$10 \$100,000,001-\$50	) million	00,000,001-\$1 billion 000,000,001-\$10 billion 0,000,000,001-\$50 billion re than \$50 billion		
20.	How much do you estimate your liabilities to be?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 to \$10,000,001-\$50 \$50,000,001-\$50 \$100,000,001-\$50	) million	00,000,001-\$1 billion 000,000,001-\$10 billion 0,000,000,001-\$50 billion re than \$50 billion		
P	art 7: Sign Below							
For	you		re examined this petition, a correct.	nd I declare under pena	Ity of perjury that the in	nformation provided is true		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
			attorney represents me an his document, I have obtain			s an attorney to help me fill § 342(b).		
			I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
			derstand making a false state to the state of the state o	ase can result in fines up		ney or property by fraud in isonment for up to 20 years,		
		X /s	s/ James D Grisham		X /s/ Yamileth D.	. Grisham		
		S	ignature of Debtor 1		Signature of Deb			
		E	xecuted on 01/04/2016 MM / DD / YYY	<del>//</del>	Executed on 01/MM	04/2016 I / DD / YYYY		

Debtor 1 James Case 16-40031 Doc 1 Filed 01/04/16. Entered 01/04/16 16:27:08 Desc Main Document Case number (if known)

First Nam

Name Middle Nam

Last Nam

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor	Dat	MM / DD / YYYY	
KENNETH S.HARTER Printed name			
Law Offices of Kenneth S. Harter Firm Name			
1620 E. Beltline Rd. Number Street			
Carrollton	тх	75006	
City	State	ZIP Code	
Contact phone (972) 242-8887	Email address <b>khar</b>	ter@ctc.net	
<b>09155300</b> Bar number	State	<u></u>	
שמו וועוווטכו	Siale		

	Cas	e 16-40031 Doc 1 Filed	i 01/04/16	Entered 01/04/16 16	:27:08 [	Desc Main Document	Page 8	of 94
Fill	in this inforr	nation to identify you	ır case:					
	ebtor 1	James	D	Gris	sham			
		First Name	Middle Na	me Last	Name			
De	ebtor 2	Yamileth	D.	Gris	ham			
(S	pouse, if filing)	First Name	Middle Na	me Las	st Name			
Ur	nited States Bar	kruptcy Court for the:	ASTERN D	ISTRICT OF TEXA	AS			
1	ase number _ known)							Check if this is an amended filing
	cial Form 10	<del></del>						
App	olication for	Individuals to P	ay the Fi	iling Fee in In	stallm	ents		12/15
	olying correct in the state of	y Your Proposed Pa	yment Tin	netable				
	Which chapter you choosing t	of the Bankruptcy Cod o file under?	le are	Chapter 7 Chapter 11 Chapter 12 Chapter 13				
f I C	four installment propose to pay pay them. Be s days. Then ad	to pay the filing fee in ts. Fill in the amounts and the dates you pla sure all dates are busin d the payments you pro	you n to ness	You propose to p	oay ✓			
τ	to pay.			\$75.00	Oı	n or before this date		
	•	se to pay the entire fee r	าด	<b>475</b> 06	_			MM / DD / YYYY
l.	ater than 120 d	ays after you file this		\$75.00	Oı	n or before this date		03/04/2016

Part 2: Sign Below

payment timetable.

bankruptcy case. If the court approves your application, the court will set your final

By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:

\$85.00

\$335.00

MM / DD / YYYY

04/01/2016

MM / DD / YYYY

On or before this date.....

chapter you checked in line 1.

<-- Your total must equal the entire fee for the

 You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.

Total

- You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.
- If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected.

X /s/ James D Grisham	X /s/ Yamileth D. Grisham	X /s/ KENNETH S.HARTER
Signature of Debtor 1	Signature of Debtor 2	KENNETH S.HARTER
		Your attorney's name and signature, if you used one
Date: 01/04/2016	Date: <b>01/04/2016</b>	Date: <b>01/04/2016</b>
MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY

Case 16-40031 Doc 1 Filed 01/04/16 Entered 01/04/16 16:27:08 Desc Main Document Page 9 of 94

Fill in this inform	mation to ident	ify the case:		
Debtor 1	James	D	Grisham	_
	First Name	Middle Name	Last Name	
Debtor 2	Yamileth	D.	Grisham	_
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for	r the: <b>EASTERN DISTRICT (</b>	OF TEXAS	_
Case number				
(if known)	d =		Chantau 7	
Chapter filing und	der:			
			Chapter 12	
			Chapter 13	
		( E !! . E . ! .	<u> </u>	
Order Approvi	ing Payment	of Filing Fee in Insta	iliments	
After considering the	Application for Ir	adividuals to Day the Filing Fo	o in Installments (Official Form	102A) the court orders that:
After considering the	e Application for if	idividuals to Pay the Filling Fet	e in Installments (Official Form	103A), the court orders that.
✓ The debtor(s) m	nay pay the filing f	ee in installments on the terms	s proposed in the application.	
☐ The debtor(s) m	nust pay the filing	fee according to the following	terms:	
You	u must pay	On or before this date	<u>!</u>	
		Marath / day / com		
		Month / day / year		
		Month / day / year		
		Month / day / year		
+				
		Month / day / year		
Total				
	_			
Until the filing fee is	paid in full, the de	btor(s) must not make any ad	ditional payment or transfer any	v additional property to an
		s in connection with this case.	and har paymon or handler and	, additional property to all
·				
_		By the court:		
Moi	nth / day / year		United States Bankruptcy Judg	ge

C	Case 16-40031 Do	c 1 Filed 01/04/16	Entered 01/04/16 16:27:08	Desc Main Document P	age 10 of 94
Fill in this inf	ormation to ide	ntify your case	and this filing:		
Debtor 1	James	D	Grisham		
	First Name	Middle Name	Last Name		
Debtor 2	Yamileth	D.	Grisham		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for th	ne: <b>EASTERN DIS</b>	TRICT OF TEXAS		
Case number (if known)				_	ck if this is an
,				ame	nded filing
Official Form	106A/B				
Schedule A	/B: Property				12/15
Part 1: De	On the top of any	additional pages, v	ng correct information. If mowrite your name and case nu	mber (if known). Answer e	very question.
1. Do you own	or have any legal o	r equitable interest	in any residence, building, la	and, or similar property?	
☐ No. Go t	to Part 2.				
ш	nere is the property?				
1.1. House and Lot (		Check all t		amount of any secured of	laims or exemptions. Put the laims on Schedule D: ims Secured by Property.
3013 Bay Meado	ow Dr. Frisco, Tx	Duple:	-family home k or multi-unit building ominium or cooperative	Current value of the entire property?	Current value of the portion you own?
County		———	actured or mobile home	\$0.00	\$0.00
		☐ Land ☐ Investi ☐ Times ☐ Other	ment property hare	Describe the nature of interest (such as fee sin entireties, or a life estate	mple, tenancy by the
			an interest in the property?	Fee	
		☐ Debtor ☐ Debtor	r 1 only r 2 only r 2 only r 1 and Debtor 2 only st one of the debtors and anoth	Check if this is com (see instructions)	munity property
			rmation you wish to add abo	ut this item, such as local	
			of your entries from Part 1, in te that number here		\$0.00
Part 2: De	scribe Your Vel	nicles			
Do you own. lease	e, or have legal or e	equitable interest in	any vehicles, whether they a	are registered or not? Inclu	de any vehicles
-	-	•	also report it on Schedule G:	_	-

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

	No
$\overline{\mathbf{V}}$	Yes

		Case	16-40031	Doc 1 Fi	iled 01/0	04/16	Entered 0:	1/04/16 16:27:08	3 D	Desc Main Document	Page	e 11 of 94
Debt	or 1	James First Name		D Middle Name			risham st Name		Cas	se number (if known) _		
		riisi Name		Middle Name								
3.1. Make	<b>.</b> .		Chevrole	<b>1</b>		<b>has a</b> k one.		the property?		Do not deduct secure amount of any secure		ns or exemptions.  Put the ns on <i>Schedule D</i>
Mode			Tahoe		_		1 only			Creditors Who Have		
Year			2007		⁻ᆸ▫	Debtor	2 only			Current value of the		Current value of the
		e mileage:					1 and Debto			entire property?		portion you own?
	r inform	-				it ieas	t one of the	debtors and anot	iner	\$13,750	.00	\$13,750.00
		y tahoe			سنا		if this is co structions)	mmunity prope	rty			
3.2.								the property?				ns or exemptions. Put the
Make	e:		Chevy		_	k one.				amount of any secure Creditors Who Have		
Mode	el:		Silverade	)			1 only 2 only			Current value of the	J.a	Current value of the
Year	:		2008				1 and Debto	or 2 only		entire property?		portion you own?
Appr	oximate	mileage:				t leas	t one of the	debtors and anot	ther	\$12,500	.00	\$12,500.00
	r inform	ation:						_				
truc	k						if this is co structions)	mmunity prope	rty			
		•						•		icles, and accessories notorcycle accessories	S	
	✓ No ☐ Yes											
							-	es from Part 2, i			۱,	\$26,250.00
	entries	tor pages	s you have	attached for	r Part 2.	. Writ	te that numb	per here			. <b>7</b> L	Ψ20,230.00
Pa	rt 3:	Descr	ibe Your	Personal	and H	lous	ehold Iter	ns				
Do y	ou own	or have a	any legal o	r equitable i	nterest	in an	y of the follo	owing items?				Current value of the portion you own? Do not deduct secured claims or exemptions.
		_	s and furni appliances	ishings , furniture, lir	nens, ch	nina, k	itchenware					
	□ No ✓ Yes		e Furn	iture and F	urnish	nings						\$0.00
				OVD, Comp		_		oles, etc				
	Electro Exampl	les: Televi					_	equipment; com		ers, printers, scanners;		
	✓ No ☐ Yes	s. Describ	e									
			ues and figu		•			rk; books, picture ons, memorabilia		r other art objects; lectibles		
	☑ No □ Yes	s. Describ	e									
		les: Sports							ool ta	ables, golf clubs, skis;		
	☑ No □ Yes	s. Describ	e									
		les: Pistol	s, rifles, sho	otguns, amm	unition,	and re	elated equip	ment				
	✓ No ☐ Yes	s. Describ	e									

Debtoi	r 1	Case 16  James	5-40031	Doc 1 <b>D</b>		5 Entered 01/04/16 16:27:0 risham	8 Desc Main Document Case number (if known)	Page 12 of 94
		First Name		Middle Na	me La	ast Name		
	lothes xample	es: Everyday	/ clothes	, furs, leat	ther coats, desi	gner wear, shoes, accessorio	es	
_	] No							
5	Yes	. Describe	cloth	ing and	accessories			\$6,000.00
	ewelry xample			costume	jewelry, engag	ement rings, wedding rings, I	neirloom jewelry, watches, g	ems,
	□ No ☑ Yes	. Describe	wedo	dings rin	gs, watches			\$2,500.00
		<b>m animals</b> es: Dogs, ca	ts, birds,	horses				
_	☑ No ☑ Yes	. Describe						
	ny oth id not	-	and hou	isehold it	tems you did n	ot already list, including a	ny health aids you	
	Yes	. Give speci						
						t 3, including any entries fo		\$8,500.00
Par		D	- V	<b>-</b> :	ial Assets			
		or have any	legal or	equitabl	e interest in ar	ny of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. C		es: Money yo petition	ou have i	n your wa	ıllet, in your hor	me, in a safe deposit box, an	d on hand when you file you	r
<u> </u>	☑ No ☑ Yes						Cash:	
			e houses	s, and oth		unts; certificates of deposit; utions. If you have multiple a		
<u> </u>	□ No ☑ Yes			1	Institution name	e:		
	17.	1. Checkii	ng accou	ınt:	Chase Check	king		\$100.00
	17.	2. Checkii	ng accou	ınt:	Bank of Ame	rica		\$969.00
	17.	3. Checkii	ng accou	ınt:	Bank of Ame	rica		(\$358.00)
		mutual fund es: Bond fun				kerage firms, money market	accounts	
	No Yes		I	nstitution	or issuer name	:		
	<u>vo</u>	nage 14 sh	ares a	maerica	n airlines			\$100.00
	_							

	Case 16-4003	1 Doc 1 F			/04/16 16:27:08	Desc Main Document	t Page 13 of 94
Deb	tor 1 James First Name	Middle Name		Grisham _ast Name		Case number (if known)	
19.	Non-publicly traded stock an interest in an LLC, par	c and interest	s in incorp	orated and uni	ncorporated bu	ısinesses, including	
	✓ No  Yes. Give specific information about them	Name of ent	ity:			% of owner	rship:
20.	Government and corpora Negotiable instruments inc Non-negotiable instrument	lude personal	checks, cas	shiers' checks,	promissory notes	s, and money orders.	
	No  Yes. Give specific information about them	Issuer name	:				
21.	Retirement or pension ac Examples: Interests in IRA profit-sharing p	, ERISA, Keo	gh, 401(k), 4	403(b), thrift sa	vings accounts,	or other pension or	
	✓ No  Yes. List each account separately.	Type of accou	ınt: İns	stitution name:			
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others							
23.	No		odic paymeı			e or for a number of year	rs)
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 52			qualified ABLE	program, or ur	nder a qualified state tu	uition program.
	✓ No  Yes	Institution na	ame and des	scription. Sepa	rately file the red	cords of any interests. 1	1 U.S.C. § 521(c)
25.	Trusts, equitable or futur powers exercisable for your No		property (c	other than anyt	hing listed in li	ne 1), and rights or	
	Yes. Give specific information about them						
26.	Patents, copyrights, trade Examples: Internet domain № No						
	Yes. Give specific information about them	1					

Dob	tor 1	Case 16-40031 <b>James</b>	Doc 1		Entered 01/04/16 16:27:0	8 Desc Main Documen Case number (if known)	_	ge 14 of 94	
Den	iloi i	First Name	Middle N		st Name	Case number (ii known)			-
27.	Example No Yes	. Give specific	_	_	s erative association holdings,	liquor licenses, profession	onal licer	nses	
Mar		rmation about them						Current value of the	
WIOI	iey or pr	operty owed to you	i f					Current value of the portion you own?  Do not deduct secured claims or exemptions.	
28.	Tax refu	unds owed to you							
	✓ No	. Give specific infor	mation				Federa	al: <b>\$0.00</b>	
	abo	ut them, including w	hether				State:	\$0.00	
	•	already filed the return the tax years					Local:	\$0.00	
29.	Family	support							
	Example	• •	sum alir	nony, spousal su	ipport, child support, mainter	nance, divorce settlement	, propert	ty settlement	
	✓ No ☐ Yes	. Give specific infor	mation			Alimony:		\$0.00	
						Maintenan	ce:	\$0.00	
						Support:		\$0.00	
						Divorce se	ettlement	<b>\$0.00</b>	
						Property s	ettlemen	nt: <b>\$0.00</b>	
30.	Example No		lisability in Social Sec	nsurance payme	nts, disability benefits, sick p npaid loans you made to som		6'		
31.		ts in insurance polices: Health, disability		surance; health s	savings account (HSA); cred	it, homeowner's, or renter	r's insura	ance	
	com	. Name the insurand pany of each policy list its value		npany name:	Be	eneficiary:	Sı	urrender or refund value:	
32.	If you ar	erest in property the re the beneficiary of to receive property b	a living tr	ust, expect proce	eds from a life insurance po	licy, or are currently			
	✓ No ☐ Yes	. Give specific infor	mation						
33.					e claims, or rights to sue	a demand for payment			
	✓ No ☐ Yes	. Describe each cla	im						
34.		ontingent and unliq o set off claims	uidated (	claims of every	nature, including counterc	laims of the debtor and			
	✓ No ☐ Yes	. Describe each cla	im						

Deb	tor 1 James	D	01/04/16 Entered 01/04/: <b>Grisham</b> Last Name	16 16:27:08 Desc Main Docum  Case number (if know	
25	First Name	Middle Name			
<b>33.</b>	✓ No  Yes. Give specifi	you did not already list	ot.		
36.				entries for pages you have	→ \$811.00
Pa	art 5: Describe A	ny Business-Rela	ted Property You Ow	n or Have an Interest In.	List any real estate in Part 1.
37.	Do you own or have	any legal or equitable	interest in any business-	related property?	
	No. Go to Part 6.  Yes. Go to line 3				
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable	or commissions you	already earned		
	✓ No ☐ Yes. Describe				
39.	Examples: Business-	rnishings, and supplie related computers, soft airs, electronic devices		piers, fax machines, rugs, teleph	ones,
	<ul><li>✓ No</li><li>✓ Yes. Describe</li></ul>				
40.	Machinery, fixtures,	equipment, supplies y	ou use in business, and t	ools of your trade	
	✓ No  ✓ Yes. Describe  ✓ No  ✓ Yes. Describe  ✓ No  ✓ N				
41.	Inventory				
	✓ No ☐ Yes. Describe				
42.	Interests in partners	hips or joint ventures			
	✓ No ☐ Yes. Describe	. Name of entity:		% of ow	nership:
43.	Customer lists, maili	ing lists, or other com	pilations		
-	No No Yes. Do your list			s defined in 11 U.S.C. § 101(41A	\))? 

Dah	-	40031 Doc 1 Filed <b>D</b>	d 01/04/16 Entered 01/0 <b>Grisham</b>			ge 16 of 94
Deb	tor 1 <b>James</b> First Name	Middle Name	Last Name	Case nui	mber (if known)	
44.	Any business-related	l property you did no	ot already list			
	<b>⋈</b> No					
	Yes. Give specific					
	information					
		-				
45.	Add the dollar value of	of all of your entries	from Part 5, including ar	ny entries for pages y	ou have	<b>***</b>
	attached for Part 5. V	Nrite that number he	re		→	\$0.00
D.	art 6: Describe Ar	ny Farm- and Co	mmercial Fishing-Ro	alated Property V	ou Own or Have a	n Interest In
1 (			in farmland, list it in P		ou Own or have a	iii iiiterest iii.
46.	Do you own or have a	any legal or equitable	e interest in any farm- or	commercial fishing-r	elated property?	
	No. Go to Part 7.					
	Yes. Go to line 47	<b>'</b> .				
						Current value of the
						portion you own?
						Do not deduct secured
47.	Farm animals					claims or exemptions.
	Examples: Livestock,	poultry, farm-raised fi	sh			
	<b>☑</b> No					
	Yes					
48.	Cropseither growing	g or harvested				
	<b>☑</b> No					
	Yes. Give specific					
	information					
49.	Farm and fishing equ	ipment, implements,	, machinery, fixtures, and	d tools of trade		
	<b>☑</b> No					
	Yes					
50.	Farm and fishing sup	plies, chemicals, an	d feed			
	<b>⋈</b> No					
	Yes					
51.	Any farm- and comme	ercial fishing-related	I property you did not alr	eady list		
	_ ,,					
	✓ No  Yes. Give specific	3				
	information					
52.			from Part 6, including ar			\$0.00
	attached for Part 6. V	Nrite that number he	re		······ →	\$0.00

Debtor 1		Case 16-40031 <b>James</b>	D Grisham Case nun				Desc Main Document Case number (if known)	Page 1	7 of 94	
Pa	rt 7:	Pirst Name  Describe All Pro	Middle Na		st Name	est in That	You Did Not List Al	oove		
	-	u have other property bles: Season tickets, co	-	-	already list?					
	_	os. Give specificormation								
		_								
54.	Add th	ne dollar value of all o	f your er	ntries from Part	7. Write that no	umber here		→		\$0.00

54. Add the dollar value of all of your entries from Part 7. Write to	hat number here	→	\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2		→	\$0.00
56. Part 2: Total vehicles, line 5	\$26,250.00		
57. Part 3: Total personal and household items, line 15	\$8,500.00		
58. Part 4: Total financial assets, line 36	\$811.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	+ \$0.00		
62. Total personal property. Add lines 56 through 61	\$35,561.00	Copy personal property total	+ \$35,561.00
63. Total of all property on Schedule A/B. Add line 55 + line 62.			\$35,561.00

Fill in this information to identify your case:								
Debtor 1	James	D	Grisham					
	First Name	Middle Name	Last Name					
Debtor 2	Yamileth	D.	Grisham					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>								
Case number								
(if known)								

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
	For any property you list on Schedule A/B the description of the property and line on the hedule A/B that lists this property	nat you claim as exen  Current value of the portion you own	Am	ill in the information l ount of the mption you claim	pelow.  Specific laws that allow exemption				
		Copy the value from Schedule A/B		eck only one box for h exemption					
Ho 56	ef description use and Lot (Homestead) 13 Bay Meadow Dr. Frisco, Tx. e from Schedule A/B:1.1	\$0.00		\$0.00 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002				
Brief description 2007 chevy tahoe Line from Schedule A/B: 3.1		\$13,750.00		\$13,750.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)				

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Debtor 1 James D Grisham Case number (if known) Last Name

Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description truck Line from Schedule A/B: 3.2	\$12,500.00	\$12,500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description  Furniture and Furnishings  TV, DVD, Computers, Chairs and Tables, etc  Line from Schedule A/B:6	\$0.00	\$0.00  100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description clothing and accessories Line from Schedule A/B:1	\$6,000.00	\$6,000.00  100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description  weddings rings, watches  Line from Schedule A/B: 12	\$2,500.00	\$2,500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)

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Fill in this inf	ormation to iden	tify your case:					
Debtor 1	James First Name	<b>D</b> Middle Name	Grisham Last Name				
Debtor 2	Yamileth	D. Middle Name	Grisham Last Name				
(Spouse, if filing)							
United States Bar	nkruptcy Court for the	EASTERN DIST	RICT OF TEXAS				
Case number (if known)					_	if this is a led filing	ın
Official Form	106D						
Schedule D:	Creditors WI	ho Have Clai	ms Secured by	Property			12/15
On the top of any  1. Do any credit  □ No. Che □ Yes. Fill	additional pages, wi tors have claims sec ck this box and subm in all of the information	cured by your proposit this form to the coon below.	Additional Page, fill it of case number (if known erty?  urt with your other sche	n).			
Part 1: Lis	t All Secured Cla	aims					
claim, list the creditor has a	ed claims. If a credit creditor separately fo particular claim, list t sible, list the claims in the.	r each claim. If mor he other creditors in	e than one Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of colla that supports claim	teral this	Column C Unsecured portion If any
2.1		Describe the p		\$71,948.89		\$0.00	\$71,948.89
Ditech			ot (Homestead)				
Creditor's name C/O Johnson & Street 12720 Hillcrest	Silver		,				
Dallas City Who owes the det	TX 75230 State ZIP Code ot? Check one.	As of the date Contingent Unliquidate Disputed		Check all that apply.			
Debtor 2 only			Check all that apply.				
Debtor 1 and D	Debtor 2 only the debtors and anot		nent you made (such as en (such as tax lien, me	• •	car loan)		
LI / 11 loads one of	and dobtors and drift	Judgment	lien from a lawsuit				
Check if this of to a communication		✓ Other (incl	uding a right to offset) -	Purchase Money			
Date dobt was inc	urrod	Last A digits o	f account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

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James D Grisham Case number (if known)

Additional Page

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Case number (if known)

Case number (if known)

Column A Column B Column C

**Amount of claim** Value of collateral Unsecured Part 1: After listing any entries on this page, number them Do not deduct the that supports this portion sequentially from the previous page. value of collateral claim If any Describe the property that 2.2 \$193,000.00 \$0.00 \$193,000.00 secures the claim: Wells Fargo Home Mortgage House and Lot (Homestead) Creditor's name P. O. box 14547 Street As of the date you file, the claim is: Check all that apply. 50306-3547 **Des Moines** ZIP Code ☐ Contingent Unliquidated Who owes the debt? Check one. □ Disputed ☐ Debtor 1 only Debtor 2 only Nature of lien. Check all that apply. Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit Check if this claim relates Other (including a right to offset) Purchase Money to a community debt

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$193,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$264,948.89

Date debt was incurred

Fill in this inf	ormation to id	entify your case	:		
Debtor 1	James	D	Grisham		
	First Name	Middle Name	Last Name	_	
Debtor 2	Yamileth	D.	Grisham		
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court for	the: <b>EASTERN DIS</b>	TRICT OF TEXAS	_	
Case number (if known)					Check if this
()					amended fili

#### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
  - No. Go to Part 2.
  - Yes.
- 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority	Nonpriority
	amount	amount

Debtor 1	James	D	Grisham	Case r	number (if	known)	
	First Name	Middle Name	Last Name				
Part 2	List All of	Your NONPRIORI	TY Unsecured Claim	ıs			
2 Do	any croditors have	nonnriority unsocuro	d claims against you?				
3. Do a	•					la.	
	Yes	ning to report in this par	t. Submit this form to the	court with you oth	er schedui	ies.	
If a type	creditor has more the of claim it is. Do n	nan one nonpriority uns ot list claims already in	s in the alphabetical order ecured claim, list the credic cluded in Part 1. If more to unsecured claims, fill out	tor separately for e han one creditor h	each claim olds a par	n. For each claim li ticular claim, list the	•
							Total claim
4.1							\$2,623.66
	CAN EXPRESS		Last 4 digits of accor	unt number 3	0 0	6	
Nonpriority P. O. BO	Creditor's Name		When was the debt in	ncurred?			
Number	Street		As of the date you fil	e, the claim is: C	heck all th	- nat apply.	
			Contingent				
FT I AI	IDERDALE	FL 33310	Unliquidated				
City		State ZIP Code	— Disputed				
Who inc	urred the debt?	Check one.	Type of NONPRIORIT	Y unsecured clai	im·		
	or 1 only		Student loans	i diiscodi ca ola			
	or 2 only		Obligations arising	nout of a separation	on agreem	nent or divorce	
ب	or 1 and Debtor 2 o	•	that you did not re		-		
	ast one of the debto		•			other similar debts	
		or a community debt	✓ Other. Specify C	redit Card			
	aim subject to offs	et?					
☑ No							
Yes							
4.2							\$95.06
$\square$	nn Madiaal Calla	ation Aganay	Last 4 digits of associ	int number 4	4 6	0	<u> </u>
	an Medical Colled Creditor's Name	ction Agency	Last 4 digits of accou	·	4 6	- <del>9</del>	
	hester Plaza		When was the debt in	ncurred?		-	
Number	Street		As of the date you fil	e, the claim is: C	heck all th	nat apply.	
Bldg 4			Contingent				
Elmsfor	·d	NY 10523	Unliquidated				
City		State ZIP Code	— Disputed				
		Check one.	Type of NONPRIORIT	Y unsecured cla	im:		
_	or 1 only		☐ Student loans				
ш	or 2 only or 1 and Debtor 2 o	nlv	Obligations arising			nent or divorce	
	ast one of the debto		that you did not re				
		or a community debt				other similar debts	
	aim subject to offse		Other. Specify C	onecting for -qu	iest diag	nostics	
	ann subject to offs	GL:					
✓ No Yes							

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Debtor 1

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
ARS National Services Nonpriority Creditor's Name 201 W. Grand Av. Number Street  Escondido CA 92046 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Last 4 digits of account number 4 4 7 9  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -citibank	\$67,259.73
Yes  4.4  Bank of America  Nonpriority Creditor's Name  PO. Box 15284  Number Street  Wilmington, DE. 19850-  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No	Last 4 digits of account number 3 5 7 7  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit Card	\$393.51
A.5  Bank of America Nonpriority Creditor's Name PO. Box 19850  Number Street  Wilmington DE 19850  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Last 4 digits of account number 0 9 5 4  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card	\$969.75

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Debtor 1

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
A.6  Capital Management Services, LP  Nonpriority Creditor's Name 698 1/2 south Ogden St.  Number Street  Buffalo NY 14206-2317  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Last 4 digits of account number 2 9 7 8  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -citibank	\$68,205.38
Yes  4.7  Cash Net USA	Last 4 digits of account number 3 4 1 3	\$1,844.55
Nonpriority Creditor's Name	When was the debt incurred?	
200 West Jackson St. Suite 1400  Number Street	As of the date you file, the claim is: Check all that apply.	
Chicago         IL         60606-6941           City         State         ZIP Code           Who incurred the debt?         Check one.           ☐ Debtor 1 only         Debtor 2 only	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce	
☑ Debtor 1 and Debtor 2 only     ☐ At least one of the debtors and another     ☑ Check if this claim is for a community debt  Is the claim subject to offset?     ☑ No     ☐ Yes	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	
4.8  Cash Net USA  Nonpriority Creditor's Name  200 West Jackson St. Suite 1400  Number Street	Last 4 digits of account number 9 3 5 4  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	\$1,853.10
Chicago  City State Check one.   Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money		

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Debtor 1

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
Cavalry Portfolio Services Nonpriority Creditor's Name 500 Summit Lake Dr. Number Street  Valhalla NY 10595  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Last 4 digits of account number 2 9 7 8  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -citibank	\$53,635.54
Yes  4.10  Citibank  Nonpriority Creditor's Name C/O Client Services, Inc.  Number Street  3451 Harry S. Truman, Blvd  St. Charles MO 63301-4047  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Last 4 digits of account number 5 4 3 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit Card	\$1,398.34
Yes  4.11  Cook Childrens' Med. Cntr  Nonpriority Creditor's Name P. O. Box 961257  Number Street  Fort Worth TX 76161-0257  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	\$173.25

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Debtor 1

 James
 D
 Grisham

 First Name
 Middle Name
 Last Name

Case number (if known)

red Claims Continuation Page	
m sequentially from the	Total claim
Last 4 digits of account number 4 9 5 3  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Collecting for -att	\$304.37
Last 4 digits of account number 3 7 4 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -Bank of America	\$8,369.74
Last 4 digits of account number 6 3 2 2  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -Childrens Health	\$334.67
	Last 4 digits of account number 4 9 5 3  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -att  Last 4 digits of account number 3 7 4 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -Bank of America  Last 4 digits of account number 6 3 2 2  When was the debt incurred? As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims

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Debtor 1

 James
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 Grisham
 Case number (if known)

 First Name
 Middle Name
 Last Name

Total claim
\$8,369.74
\$926.13
\$365.00

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Debtor 1 James

Grisham Case number (if known) First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18  LCA Collections Nonpriority Creditor's Name Box 2240  Number Street  Burlington NC 27216 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Last 4 digits of account number 4 8 9 2  When was the debt incurred?  — As of the date you file, the claim is: Check all that apply.  — Contingent Unliquidated — Disputed  Type of NONPRIORITY unsecured claim:  — Student loans — Obligations arising out of a separation agreement or divorce that you did not report as priority claims — Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify Collecting for -Labcorp	\$4.51
Management Services, Inc. Nonpriority Creditor's Name P. O. Box 1099 Number Street	Last 4 digits of account number 3 3 5 6  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	\$8,369.74
Langhorne  City State ZIP Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -Bank of America	
Yes   4.20   NCO Financial Systems, Inc.	Last 4 digits of account number 2 5 8 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -Relian Energy	\$636.97

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Debtor 1

 James
 D
 Grisham

 First Name
 Middle Name
 Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
A.21   NCP Finance Limited Partnership	Last 4 digits of account number 2 0 2 7  When was the debt incurred? 08/11/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	\$1,200.00
A.22   NCP Finance Limited Partnership	Last 4 digits of account number  When was the debt incurred? 08/28/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Non-Purchase Money	\$1,250.00
Northstar Location Services  Nonpriority Creditor's Name Attn: Financial Dept  Number Street 4285 Genesee St.  Buffalo NY 14225 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes	Last 4 digits of account number 3 7 4 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -Bank of America	\$8,369.74

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Debtor 1

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
Penn Credit Corp  Nonpriority Creditor's Name 916 So. 14th St.  Number Street Box 988  Harrisburg PA 17108-0988  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Last 4 digits of account number 3 2 1 6  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -Quest Diagnostices	\$25.00
Portfolio Recovery Associates  Nonpriority Creditor's Name P. O. Box 12914  Number Street  Norfolk VA 23541  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Last 4 digits of account number 5 4 3 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -Home Depot and Citi	\$2,000.00
Quantum Builders  Nonpriority Creditor's Name 6125 W. Sam Houston Pkwy N  Number Street #203  Houston TX 77041  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	\$912.84

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Debtor 1

James D First Name Middle Name Grisham Last Name Case number (if known)

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	m sequentially from the	Total claim
4.27  Quest Diagnostics, Inc. Nonpriority Creditor's Name P. O. Box 41652  Number Street  Philadelphia PA 19101-1652  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No	Last 4 digits of account number 5 1 6 1  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	\$753.00
Quest Diagnostics, Inc. Nonpriority Creditor's Name P. O. Box 41652 Number Street	Last 4 digits of account number 6 9 3 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	\$543.56
Philadelphia  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Non-Purchase Money	
Quest Diagnostics, Inc. Nonpriority Creditor's Name P. O. Box 41652 Number Street  Philadelphia PA 19101-1652 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 5 5 1 6  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Non-Purchase Money	\$25.00

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Debtor 1

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them previous page.	n sequentially from the	Total claim
4.30 Southwestern & Pacific Specialty Financi	Last 4 digits of account number	\$1,250.00
Nonpriority Creditor's Name d/b/a Check N Go Number Street 4540 Cooper Rd. Suite 200 Cincinatti OH 45242	When was the debt incurred? 08/28/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Non-Purchase Money	
Southwestern & Pacific Specialty Financi Nonpriority Creditor's Name d/b/a Check N Go Number Street 4540 Cooper Rd. Suite 200	Last 4 digits of account number  When was the debt incurred? 08/11/2015  As of the date you file, the claim is: Check all that apply.  Contingent	<u>\$1,250.00</u>
Cincinatti OH 45242 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	
Sunrise Credit Services Nonpriority Creditor's Name Box 9100 Number Street	Last 4 digits of account number 2 0 8 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	\$8,369.74
Farmingdale  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Collecting for -Bank of America	

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Debtor 1

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
Texas Vision and Laser Center  Nonpriority Creditor's Name 2709 Virginia Pkwy  Number Street Suite 200  McKinney TX 75071-5400 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Last 4 digits of account number 7 9 5 0  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Non-Purchase Money	\$35.00
Transworld Nonpriority Creditor's Name 9525 Sweet Valley Drive Number Street  Valley View OH 44125 City State ZIP Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No	Last 4 digits of account number 2 5 8 5  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -reliant	\$636.97
Wells Fargo Nonpriority Creditor's Name P. O. Box 30086 Number Street  Los Angeles CA 90030 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 9 3 1  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	\$406.31

Debtor 1

 James
 D
 Grisham
 Case number (if known)

 First Name
 Middle Name
 Last Name

# Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>_</b>	<b>\$0.00</b>
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>_</b>	\$253,159.90
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$253,159.90

Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	James First Name	<b>D</b> Middle Name	Grisham Last Name		
Debtor 2	Yamileth First Name	D. Middle Name	Grisham Last Name		
(Spouse, if filing)					
United States Bai	nkruptcy Court to	r the: <b>EASTERN DIS</b>	STRICT OF TEXAS		
Case number (if known)					Check if this i

#### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this inf	ormation to ide	entify your case	:		
Debtor 1	James	D	Grisham		
	First Name	Middle Name	Last Name		
Debtor 2	Yamileth	D.	Grisham		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for t	he: <b>EASTERN DIS</b>	TRICT OF TEXAS		
Case number					Check if this is an
(if known)				] "	amended filing

### Official Form 106H

## **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

١.	Do you	have any codebtors?	(If you are filing a joint case,	do not list either	spouse as a codebtor.)
	<b>☑</b> No				
	☐ Yes	3			
2.		• •		•	ritory? (Community property states and territories p., Texas, Washington, and Wisconsin.)
	☐ No.	Go to line 3.			
	₩ Yes	s. Did your spouse, forn	ner spouse, or legal equivalen	t live with you at	the time?
		No			
	ᅜ	Yes			
	_	In which community s	tate or territory did you live?	Texas	Fill in the name and current address of that person.
		Yamileth D. Grisha	am		
			mer spouse, or legal equivalent		
		5613 Bay Meadow Number Street	s Drive		
		Number Street			
		Frisco	тх	75034	
		City	State	ZIP Code	<del></del>

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this inforr	mation to identify	your case:			
Debtor 1	James	D	Grisham		
	First Name	Middle Name	Last Name	Che	eck if this is:
Debtor 2	Yamileth	D.	Grisham		An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	—   ⊔	An amended ming
United States Bank	ruptcy Court for the:	EASTERN DIST	RICT OF TEXAS		A supplement showing postpetition chapter 13 income as of the following date:
Case number					chapter to mooning ac or and renorming date.
(if known)					MM / DD / YYYY

## Official Form 106I

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

1.	Fill in your employment information.		Debtor 1			Debtor 2 or no	on-filing spou	ıse
	If you have more than one job, attach a separate page with information about	Employment status	<ul><li>☐ Employed</li><li>✓ Not employed</li></ul>	ed		<ul><li>✓ Employed</li><li>✓ Not employed</li></ul>		
	additional employers.	Occupation	Unemployed			Physician A	ss't	
	Include part-time, seasonal, or self-employed work.	Employer's name				Texas Healt	h Physician	s Group
	Occupation may include student or homemaker, if it applies.	Employer's address	Number Street			Number Street		
			City	State	Zip Code	City	State	Zip Code
		How long employed the	nere?		_	2 yrs		_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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Debtor 1 James Grisham Case number (if known) First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here ..... \$0.00 \$7,664.80 List all payroll deductions: \$0.00 \$1,099.98 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 \$154.38 5b. Mandatory contributions for retirement plans 5b \$311.67 \$0.00 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 \$0.00 \$0.00 5e. Insurance 5e. **Domestic support obligations** 5f. \$0.00 \$0.00 \$0.00 \$0.00 5g. Union dues 5g. 5h. Other deductions. \$0.00 \$0.00 Specify: 5h. + Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6. \$0.00 \$1,566.03 5g + 5h. 7. Calculate total monthly take-home pay. \$0.00 \$6,098.77 Subtract line 6 from line 4. 7. List all other income regularly received: 8a. Net income from rental property and from operating a 8a. \$0.00 \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a 8c. \$0.00 \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$0.00 \$0.00 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. 8h. 4 Specify: \$0.00 \$0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 \$0.00 \$6,098.77 10. Calculate monthly income. Add line 7 + line 9. 10. \$0.00 \$6,098.77 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$6,098.77 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? ₩ No. None. Yes. Explain:

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	ill in this inform	ation to identi	fy your case:				S .	
	Debtor 1	James First Name	D Middle Name	Grish Last Na		A supp	ended filing lement showing	
	Debtor 2 (Spouse, if filing)	Yamileth First Name	D. Middle Name	Grish Last Na			r 13 expenses as ng date:	s or trie
	United States Bankri Case number (if known)	uptcy Court for the:	EASTERN DISTI	RICT OF	TEXAS	MM / D	D / YYYY	_
	fficial Form 10	.c.I				I		
_	fficial Form 10 chedule J: Yo		e					12/15
Be cor nar	as complete and ac rrect information. If me and case numbe	ccurate as possible more space is ne	e. If two married per eded, attach another wer every question.		ling together, both ar this form. On the top			
1.	Is this a joint case							
	No. Go to line  ✓ Yes. <b>Does D</b> ✓ No	e 2. ebtor 2 live in a se	eparate household? e Official Form 106J-2	2, Expense	s for Separate Housel	nold of Debtor	2.	
2.	Do you have depe	endents?	No				_	
	Do not list Debtor 2 Debtor 2.	1 and	Yes. Fill out this info for each dependent				Dependent's age	Does dependent live with you?
	Do not state the de names.	ependents'			Child  Child		5	Yes No Yes No Yes No Yes No No No
3.	Do your expenses expenses of peop yourself and your	ole other than dependents?	☑ No □ Yes					Yes No Yes
F	Part 2: Estima	te Your Ongoi	ng Monthly Expe	nses				
to		of a date after the		-	are using this form as a supplemental Scheo		-	
Inc	lude expenses paid	· · I for with non-casl	n government assista Schedule I: Your Ind				Your expens	es
4.			enses for your reside any rent for the ground				4.	\$2,530.00
	If not included in	line 4:						
	4a. Real estate ta	axes					4a	
	4b. Property, hom	neowner's, or renter	's insurance				4b	
	4c. Home mainte	nance, repair, and	upkeep expenses				4c	\$125.00

4d. Homeowner's association or condominium dues

\$83.00

4d.

Debtor 1 James D Grisham Case number (if known)

Last Name

Middle Name

First Name

		Your expe	nses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$425.00
	6b. Water, sewer, garbage collection	6b.	\$175.00
	6c. Telephone, cell phone, Internet, satellite, and	6c.	\$155.00
	cable services  6d. Other. Specify: _ cell phones	6d.	\$275.00
7	Food and housekeeping supplies	<del></del>	
7.	. •	7.	\$1,100.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$110.00
10.	Personal care products and services	10.	\$65.00
11.	Medical and dental expenses	11.	
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$325.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$42.00
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$161.00
	15d. Other insurance. Specify:	15d.	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 car pmnt	17a.	\$237.00
	17b. Car payments for Vehicle 2 car pmnt	17b.	\$290.00
	17c. Other. Specify: student loan	17c	\$363.00
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	200	
	20d. Maintenance, repair, and upkeep expenses	20d.	
	20e. Homeowner's association or condominium dues	20e.	<del></del>

Case 16-40031 Doc 1 Filed 01/04/16 Entered 01/04/16 16:27:08 Desc Main Document Page 42 of 94 Debtor 1 James Grisham Case number (if known) Middle Name First Name Last Name 21. 21. Other. Specify: 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. \$6,461.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$6,461.00 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$6,098.77 23b. Copy your monthly expenses from line 22c above. 23b. \$6,461.00 23c. Subtract your monthly expenses from your monthly income. (\$362.23) The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  $\sqrt{\phantom{a}}$ No. Explain here: ☐ Yes. None.

Fill in this inf	ormation to i	dentify your case	:
Debtor 1	James First Name	<b>D</b> Middle Name	Grisham Last Name
Debtor 2	Yamileth	D.	Grisham
(Spouse, if filing)		Middle Name	Last Name
United States Bar	nkruptcy Court fo	or the: <b>EASTERN DIS</b>	TRICT OF TEXAS
Case number			
(if known)			
Official Form	106Sum		

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$35,561.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$35,561.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities

2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$264,948.89
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F+_	\$253,159.90

Your total liabilities

\$518,108.79

Amount you owe

# Part 3: Summarize Your Income and Expenses

4.	Copy your combined monthly income from line 12 of Schedule I	\$6,098.77
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$6,461.00

Deb	tor 1	Case 16-40031  James  First Name	Doc 1  D  Middle Na	Gr	Entered 01/04/16 16:27:08 risham st Name	B Desc Main Document Case number (if known)	Page 44 of 94
Pa	art 4:	Answer These	Questi	ons for Admi	inistrative and Statisti	cal Records	_
6.	Are yo	u filing for bankruptc	y under (	Chapters 7, 11,	or 13?		
	☐ No ✓ Ye	ŭ	report o	n this part of the	form. Check this box and s	ubmit this form to the court	with your other schedules.
7.	What k	ind of debt do you ha	ave?				
		•	•		nsumer debts are those "incus). Fill out lines 8-9g for stati	,	•
	_	our debts are not print is form to the court with	•		You have nothing to report of	on this part of the form. Che	eck this box and submit
8.				•	ne: Copy your total current m ; OR, Form 122C-1 Line 14.	onthly income from	\$6,715.80

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations. (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

† \$0.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

9g. Total. Add lines 9a through 9f.

\$0.00

Debtor 1	James	D	Grisham		
	First Name	Middle Name	Last Name		
Debtor 2	Yamileth	D.	Grisham		
(Spouse, if filing)	First Name	Middle Name	Last Name		
	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS		
United States Bai	mapley Court to			_	Check if this is

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
<b>☑</b> No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I h true and correct.	eve read the summary and schedules filed with this declaration and that they are
X /s/ James D Grisham Signature of Debtor 1	X /s/ Yamileth D. Grisham Signature of Debtor 2
Date 01/04/2016 MM / DD / YYYY	Date 01/04/2016 MM / DD / YYYY

	Case 10-40031	DOC 1 Filed 01/04/1	6 Entered 01/02	4/10 10.27.08 Des	c Main Document	Page 4	0 01 94
Fill in this in	nformation to i	dentify your case	<b>:</b> :				
Debtor 1	James	D	Grisham				
	First Name	Middle Name	Last Name	_			
Debtor 2	Yamileth	D.	Grisham				
(Spouse, if filin	g) First Name	Middle Name	Last Name				
United States E	Bankruptcy Court fo	or the: <b>EASTERN DIS</b>	STRICT OF TEX	(AS			
Case number					_	01 1 17 11	
(if known)	_				Ц	Check if the amended f	
							3
correct informati your name and	tion. If more spac case number (if ki	oossible. If two marri e is needed, attach a nown). Answer every out Your Marital (	separate sheet t question.	to this form. On the	e top of any addit		
1. What is you	ur current marital	ototuo?					
Married		status :					
☐ Not mai							
2. During the	last 3 years, have	you lived anywhere	other than where	vou live now?			
✓ No	,	, ca ca a,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	st all of the places	you lived in the last 3	years. Do not inc	lude where you live	now.		
Debtor 1	1:	_ <del></del>	ites Debtor 1 ed there	Debtor 2:			Dates Debtor 2 lived there
3. Within the I	ast 8 years, did ye	ou ever live with a sp	ouse or legal equ	uivalent in a comm	unity property sta	ate or territ	tory?
,		nd territories include A	rizona, California,	Idaho, Louisiana, N	evada, New Mexic	o, Puerto F	₹ico, Texas,
Washington	, and Wisconsin.)						

□ No ☑ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Official Form 107

Deb	otor 1	James First Name	D Middle Name	ed 01/04/16 Entered 01/04  Grisham  Last Name		Main Document Page 47 mber (if known)	of 94
P	Part 2: Explain the Sources of Your Income						
4.	Fill in th	e total amount	of income you recei	nent or from operating a bu ved from all jobs and all bus ncome that you receive toge	inesses, including par	t-time activities.	endar years?
	□ No ☑ Yes	s. Fill in the det	ails.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ry 1 of the cur u filed for bank	-	Wages, commissions, bonuses, tips	\$40,000.00	Wages, commissions, bonuses, tips	\$80.00
				Operating a business		Operating a business	
		calendar year:		Wages, commissions, bonuses, tips	\$154,200.00	Wages, commissions, bonuses, tips	
(Jai	luary i ic	December 31,	<u>Z015</u> ) <u>YYYY</u>	Operating a business		Operating a business	
		ndar year befo		Wages, commissions, bonuses, tips	\$130,000.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1 to	December 31,	<u>2014</u> ) YYYY	Operating a business		Operating a business	
5.	Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.						
	List eac	ch source and th	e gross income from	m each source separately. [	Do not include income	that you listed in line 4.	
	☑ No □ Yes	s. Fill in the det	ails.				

Case 16-40031 Doc 1 Filed 01/04/16 Entered 01/04/16 16:27:08 Desc Main Document Page 48 of 94 Grisham Debtor 1 James Case number (if known) Middle Name First Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? ☐ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Tyes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of **Total amount** Amount you Was this payment for... payment paid stil owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. **☑** No ☐ Yes. List all payments to an insider. Dates of Total amount Amount you Reason for this payment payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **☑** No

☐ Yes. List all payments that benefited an insider.

Dates of

payment

**Total amount** 

paid

Amount you

still owe

Reason for this payment

Include creditor's name

							Desc Main Document	Page 49 of 94
Deb	<u> </u>	ames irst Name	Middle Nan		<b>isham</b> t Name		Case number (if known) _	
Б		Idaniika I anal A		D			_	
Pa	art 4:	Identify Legal A	actions,	Repossess	ions, and F	oreciosures	<u> </u>	
9.	List all su	•	g personal			-	court action, or administr collection suits, paternity	rative proceeding? actions, support or custody
	✓ No ☐ Yes.	Fill in the details.						
			Natu	ire of the case		Cour	t or agency	Status of the case
10.	seized, o	•			ny of your pro	operty reposse	essed, foreclosed, garnis	hed, attached,
	ت ا	Fill in the informatio	n below.					
11.		days before you fi from your account			-	_	nk or financial institution a debt?	, set off any
	✓ No ☐ Yes.	Fill in the details.						
12.	-	year before you file , a court-appointed					ossession of an assigne	e for the benefit of
	✓ No ☐ Yes							
Pa	art 5:	List Certain Gif	ts and (	Contribution	ıs			
13.	Within 2 y	years before you fil	ed for ba	nkruptcy, did y	ou give any g	ifts with a tota	al value of more than \$60	0 per person?
	✓ No ☐ Yes.	Fill in the details for	each gift.					
14.	Within 2 y	•	ed for ba	nkruptcy, did y	ou give any g	ifts or contrib	utions with a total value	of more than \$600
	✓ No ☐ Yes.	Fill in the details for	each gift	or contribution.				
Pa	art 6:	List Certain Los	sses					
15.		year before you file aster, or gambling?		kruptcy or sind	ce you filed fo	r bankruptcy,	did you lose anything be	ecause of theft, fire,
	✓ No ☐ Yes.	Fill in the details.						

Deb								
D:	First Name Middle Name Last Name  List Certain Payments or Transfers							
	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to							
	anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?							
	Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.							
	✓ No ☐ Yes. Fill in the details.							
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?							
	Do not include any payment or transfer that you listed on line 16.							
	<ul><li>✓ No</li><li>☐ Yes. Fill in the details.</li></ul>							
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?							
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement.							
	✓ No  Yes. Fill in the details.							
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)							
	✓ No  Yes. Fill in the details.							
Pa	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units							
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?							
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.							
	✓ No ☐ Yes. Fill in the details.							
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	✓ No ☐ Yes. Fill in the details.							
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  ☑ No ☐ Yes. Fill in the details.							

		Case 16-40031	Doc 1 Filed 01/0	4/16 Entered 01/04/16 16	27:08 Desc Main Document	Page 51 of 94
Deb		nes Name	Middle Name	Grisham Last Name	_ Case number (if known) _	
В	ort Or	lantify Dranar	tu Van Hald ar	Control for Company	Elee	
		-	-	Control for Someone		
23.	•	d or control any   rust for someone		one else owns? Include a	ny property you borrowed from	, are storing for,
	<b>√</b> No					
	كا	II in the details.				
Pa	art 10: 0	ive Details Ab	oout Environme	ental Information		
	_		ollowing definitions			
■ <i>E</i>	<i>Environmen</i> hazardous o	tal law means an	y federal, state, or e, wastes, or mater	local statute or regulation	concerning pollution, contamin urface water, groundwater, or c es, wastes, or material.	
		-		defined under any environ cluding disposal sites.	mental law, whether you now o	wn, operate, or
				mental law defines as a ha minant, or similar item.	zardous waste, hazardous sub	stance, toxic
Rep	oort all notic	es, releases, and	proceedings that y	ou know about, regardles	s of when they occurred.	
24.	Has any go law?	vernmental unit	notified you that yo	ou may be liable or potentia	ally liable under or in violation of	of an environmental
	<b>I</b> ✓I No					
	ب	II in the details.				
25.	Have you r	otified any gover	nmental unit of an	y release of hazardous ma	erial?	
	✓ No ☐ Yes. F	II in the details.				
26.	Have you borders.	een a party in an	y judicial or admin	istrative proceeding under	any environmental law? Inclu	de settlements and
	✓ No ☐ Yes. F	II in the details.				
Pa	art 11: G	ive Details Ab	out Your Busir	ness or Connections t	o Any Business	
27.	Within 4 ye business?	ars before you fi	led for bankruptcy	did you own a business o	r have any of the following con	nections to any
	A A Ar Ar No. No.	member of a limited partner in a partner officer, director, of owner of at least ne of the above a	ed liability company ership or managing executi 5% of the voting or pplies. Go to Part 1	(LLC) or limited liability partrive of a corporation equity securities of a corporation	ation	
	Yes. C	noon an mat apply	above and mi iii til	S detaile below for each busin		

Debtor 1	Case 16-40031  James First Name	Doc 1 Filed 01/04/ D Middle Name	/16 Entered 01/04/16 16:27: Grisham Last Name	08 Desc Main Do Case number (if		Page 52 of 94
	2 years before you fi ancial institutions, cre	• •	lid you give a financial stater es.	nent to anyone ab	out your l	ousiness? Include
□ No	o es. Fill in the details be	elow.				
Part 12:	Sign Below					
that answe property by or both. 18	rs are true and correction BU.S.C. §§ 152, 1341,	ct. I understand that with a bankruptcy ca	al Affairs and any attachmen making a false statement, co ase can result in fines up to \$	oncealing property 3250,000, or impris	, or obtai	ning money or
	es D Grisham e of Debtor 1		X /s/ Yamileth D. Grisha Signature of Debtor 2	m	_	
Date _	01/04/2016		Date01/04/2016			
Did you att	ach additional pages	to Your Statement of	Financial Affairs for Individu	uals Filing for Ban	kruptcy (0	Official Form 107)?
✓ No ☐ Yes						
Did you pay	y or agree to pay son	neone who is not an a	attorney to help you fill out b	ankruptcy forms?		
✓ No ☐ Yes. No	ame of person			Attach the	Bankrupt	cy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:				
Debtor 1	James	D	Grisham	
	First Name	Middle Name	Last Name	
Debtor 2	Yamileth	D.	Grisham	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>				
Case number				
(if known)				

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

## Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D),
	fill in the information below.

Identify the creditor and the property that is collateral			at do you intend to do with the perty that secures a debt?	Did you claim the property as exempt on Schedule C?				
Creditor's name:	Ditech		Surrender the property.  Retain the property and redeem it.		No Yes			
Description of property securing debt:	House and Lot (Homestead)		Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Debtor will continue making pay reaffirming.	men	ts to creditor without			
Creditor's name:	Wells Fargo Home Mortgage		Surrender the property. Retain the property and redeem it.		No Yes			
Description of property securing debt:	House and Lot (Homestead)		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making pay reaffirming.	men	ts to creditor without			

Case 16-40031 Doc 1 Filed 01/04/16 Entered 01/04/16 16:27:08 Desc Main Document Page 54 of 94 Debtor 1 **James** Grisham Case number (if known) First Name Middle Name Last Name Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will this lease be assumed? None. Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease. X /s/ James D Grisham X /s/ Yamileth D. Grisham Signature of Debtor 1 Signature of Debtor 2 Date 01/04/2016 Date 01/04/2016

MM / DD / YYYY

MM / DD / YYYY

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

# Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

+		filing fee administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

+		filing fee administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations.
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

# Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

In re James D Grisham
Yamileth D. Grisham

Case No.			
Chapter	7		

	Chapter <u>I</u>
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept
	Prior to the filing of this statement I have received
	Balance Due
2.	The source of the compensation paid to me was:  Debtor Other (specify)
3.	The source of compensation to be paid to me is:
	☑ Debtor ☐ Other (specify)
4.	✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)							
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:							
Lead that the forest is a second	CERTIFICATION						
representation of the debtor(s) in the	omplete statement of any agreement or arrangement for nis bankruptcy proceeding.	payment to me for					
01/04/2016	/s/ KENNETH S.HARTER						
Date	KENNETH S.HARTER	Bar No. 09155300					
	Law Offices of Kenneth S. Harter 1620 E. Beltline Rd.						
	Carrollton, Tx. 75006						
	Phone: (972) 242-8887 / Fax: (972) 446	-7976					

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/s/ James D Grisham	/s/ Yamileth D. Grisham
James D Grisham	Yamileth D. Grisham

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# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE: James D Grisham
Yamileth D. Grisham

CASE NO

CHAPTER 7

# **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date	1/4/2016	Signature // James D Grisham  James D Grisham	
Date	1/4/2016	Signature /s/ Yamileth D. Grisham  Yamileth D. Grisham	

AMERICAN EXPRESS
P. O. BOX 5027
FT. LAUDERDALE, FL. 33310

American Medical Collection Agency 4 Westchester Plaza Bldg 4 Elmsford, NY 10523

ARS National Services 201 W. Grand Av. Escondido, CA 92046

Bank of America P. .O. Box 15284 Wilmington, DE. 19850-

Bank of America P. .O. Box 19850 Wilmington, DE. 19850

Capital Management Services, LP 698 1/2 south Ogden St. Buffalo, NY 14206-2317

Cash Net USA 200 West Jackson St. Suite 1400 Chicago, IL 60606-6941

Cavalry Portfolio Services 500 Summit Lake Dr. Valhalla, NY 10595

Citibank C/O Client Services, Inc. 3451 Harry S. Truman, Blvd St. Charles, MO 63301-4047 Cook Childrens' Med. Cntr P. O. Box 961257 Fort Worth, Tx. 76161-0257

Credence 17000 Dallas Pkwy Suite 204 Dallas, Tx. 75248

Credit Control 245 East Roselawn #25-26 Maplewood, MN 55117

Ditech C/O Johnson & Silver 12720 Hillcrest Dallas, Tx. 75230

Financial Corp. of America P. O. Box 203500 Austin, Tx. 78720-3500

First Source Advantage P O Box 1299717 Buffalo, NY 14240

Hunter Warfield Collectionis & Asset Inv 4620 Woodland Corporate Blvd Tampa, FL 33614

Law Offices of Kenneth S. Harter 1620 E. Beltline Rd. Carrollton, Tx. 75006

LCA Collections Box 2240 Burlington, NC 27216 Management Services, Inc. P. O. Box 1099 Langhorne, PA 19047

NCO Financial Systems, Inc. P. O. Box 15137 Wilmington, DE 19850-5137

NCP Finance Limited Partnership 205 Sugar Camp Cir Dpt CNG Dayton, Oh 45409

Northstar Location Services Attn: Financial Dept 4285 Genesee St. Buffalo, NY 14225

Penn Credit Corp 916 So. 14th St. Box 988 Harrisburg, PA 17108-0988

Portfolio Recovery Associates P. O. Box 12914 Norfolk, VA 23541

Quantum Builders 6125 W. Sam Houston Pkwy N #203 Houston, Tx. 77041

Quest Diagnostics, Inc. P. O. Box 41652 Philadelphia, PA 19101-1652

Southwestern & Pacific Specialty Financi d/b/a Check N Go 4540 Cooper Rd. Suite 200 Cincinatti, OH 45242 Sunrise Credit Services Box 9100 Farmingdale, NY 11735-9100

Texas Vision and Laser Center 2709 Virginia Pkwy Suite 200 McKinney, Tx. 75071-5400

Transworld 9525 Sweet Valley Drive Valley View, OH. 44125

Wells Fargo
P. O. Box 30086
Los Angeles, Ca. 90030

Wells Fargo Home Mortgage P. O. box 14547 Des Moines, IA 50306-3547

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AMERICAN EXPRESS 17000 Dallas Pkwy P. O. BOX 5027 FT. LAUDERDALE, FL. 33310

Dallas, Tx. 75248

Suite 204

Credence

NCP Finance Limited Partnership

Northstar Location Services

Attn: Financial Dept

205 Sugar Camp Cir

Dpt CNG

Dayton, Oh 45409

American Medical Collection Age: Credit Control 4 Westchester Plaza

Bldg 4

Elmsford, NY 10523

245 East Roselawn #25-26

Maplewood, MN 55117

Buffalo, NY 14225

4285 Genesee St.

ARS National Services 201 W. Grand Av.

Escondido, CA 92046

Ditech

C/O Johnson & Silver 12720 Hillcrest Dallas, Tx. 75230

Penn Credit Corp 916 So. 14th St.

Box 988

Harrisburg, PA 17108-0988

Bank of America P. .O. Box 15284

Wilmington, DE. 19850-

Financial Corp. of America

P. O. Box 203500

Austin, Tx. 78720-3500

Portfolio Recovery Associates

P. O. Box 12914 Norfolk, VA 23541

Bank of America P. .O. Box 19850

Wilmington, DE. 19850

First Source Advantage

P O Box 1299717 Buffalo, NY 14240 Quantum Builders

6125 W. Sam Houston Pkwy N

#203

Houston, Tx. 77041

Capital Management Services, LP Hunter Warfield Collectionis & . Quest Diagnostics, Inc. 698 1/2 south Ogden St.

Buffalo, NY 14206-2317

4620 Woodland Corporate Blvd

Tampa, FL 33614

P. O. Box 41652

Philadelphia, PA 19101-1652

Cash Net USA

200 West Jackson St. Suite 1400 1620 E. Beltline Rd.

Chicago, IL 60606-6941

Carrollton, Tx. 75006

Law Offices of Kenneth S. Harte: Southwestern & Pacific Specialt

d/b/a Check N Go

4540 Cooper Rd. Suite 200 Cincinatti, OH 45242

Cavalry Portfolio Services 500 Summit Lake Dr.

Valhalla, NY 10595

LCA Collections

Box 2240

Burlington, NC 27216

Sunrise Credit Services

Box 9100

Farmingdale, NY 11735-9100

Citibank

C/O Client Services, Inc. 3451 Harry S. Truman, Blvd St. Charles, MO 63301-4047

Management Services, Inc.

P. O. Box 1099

Langhorne, PA 19047

Texas Vision and Laser Center

2709 Virginia Pkwy

Suite 200

Transworld

McKinney, Tx. 75071-5400

Cook Childrens' Med. Cntr

P. O. Box 961257

Fort Worth, Tx. 76161-0257

NCO Financial Systems, Inc.

P. O. Box 15137

Wilmington, DE 19850-5137

9525 Sweet Valley Drive

Valley View, OH. 44125

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Chapter: 7

Case No:
Chapter: 7

Chapter: 7

Wells Fargo P. O. Box 30086 Los Angeles, Ca. 90030

Wells Fargo Home Mortgage P. O. box 14547 Des Moines, IA 50306-3547

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE: James D Grisham Yamileth D. Grisham

CASE NO

CHAPTER 7

Scheme Selected: State

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

## **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$264,948.89	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$26,250.00	\$0.00	\$26,250.00	\$26,250.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7.	Electronics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$6,000.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00
12.	Jewelry	\$2,500.00	\$0.00	\$2,500.00	\$2,500.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$711.00	\$0.00	\$1,069.00	\$0.00	\$1,069.00
18.	Bonds, mutual funds or publicly traded stocks	\$100.00	\$0.00	\$100.00	\$0.00	\$100.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## **UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION**

IN RE: James D Grisham Yamileth D. Grisham CASE NO

CHAPTER 7

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

# **Exemption Totals by Category:**

	xemption Totals by Category: 'alues and liens of surrendered property are NOT included in this section)					Scheme Selected: State	
No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt	
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
48.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTALS:	\$35,561.00	\$264,948.89	\$35,919.00	\$34,750.00	\$1,169.00	

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE: James D Grisham Yamileth D. Grisham CASE NO

CHAPTER 7

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

#### **Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description Market Value Lien Equity

Real Property
(None)

Personal Property
(None)

TOTALS: \$0.00 \$0.00 \$0.00

#### Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property (None)				
Personal Property				
Chase Checking	\$100.00		\$100.00	\$100.00
Bank of America	\$969.00		\$969.00	\$969.00
vonage 14 shares	\$100.00		\$100.00	\$100.00
TOTALS:	\$1,169.00	\$0.00	\$1,169.00	\$1,169.00

Summary	
A. Gross Property Value (not including surrendered property)	\$35,561.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$35,561.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$264,948.89
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$264,948.89
G. Total Equity (not including surrendered property) / (A-D)	\$35,919.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$35,919.00
J. Total Exemptions Claimed	\$34,750.00
K. Total Non-Exempt Property Remaining (G-J)	\$1,169.00

AMERICAN EXPRESS P. O. BOX 5027 FT. LAUDERDALE, FL. 33310

17000 Dallas Pkwy Suite 204 Dallas, Tx. 75248

Credence

NCP Finance Limited Partnership 205 Sugar Camp Cir Dpt CNG Dayton, Oh 45409

American Medical Collection Credit Control Agency 4 Westchester Plaza Maplewood, MN 55117 Bldg 4 Elmsford, NY 10523

245 East Roselawn #25-26

Northstar Location Services Attn: Financial Dept 4285 Genesee St. Buffalo, NY 14225

ARS National Services 201 W. Grand Av. Escondido, CA 92046

Ditech C/O Johnson & Silver 12720 Hillcrest Dallas, Tx. 75230

Penn Credit Corp 916 So. 14th St. Box 988 Harrisburg, PA 17108-0988

P. .O. Box 15284 Bank of America Wilmington, DE. 19850-

Financial Corp. of America Portfolio Recovery Associates P. O. Box 203500 Austin, Tx. 78720-3500

P. O. Box 12914 Norfolk, VA 23541

Bank of America P. .O. Box 19850 Wilmington, DE. 19850 Buffalo, NY 14240

First Source Advantage P O Box 1299717

Quantum Builders 6125 W. Sam Houston Pkwy N #203 Houston, Tx. 77041

Capital Management Services, 698 1/2 south Ogden St. Buffalo, NY 14206-2317

Hunter Warfield Collectionis & Quest Diagnostics, Inc. Asset Inv 4620 Woodland Corporate Blvd Philadelphia, PA 19101-1652 Tampa, FL 33614

P. O. Box 41652

Cash Net USA 200 West Jackson St. Suite 1400 Chicago, IL 60606-6941

Law Offices of Kenneth S. Southwestern & Pacific Harter 1620 E. Beltline Rd. Carrollton, Tx. 75006

Specialty Financi d/b/a Check N Go 4540 Cooper Rd. Suite 200 Cincinatti, OH 45242

Cavalry Portfolio Services 500 Summit Lake Dr. Valhalla, NY 10595

LCA Collections Box 2240 Burlington, NC 27216

Box 9100 Farmingdale, NY 11735-9100

Sunrise Credit Services

Citibank C/O Client Services, Inc. 3451 Harry S. Truman, Blvd St. Charles, MO 63301-4047

Management Services, Inc. P. O. Box 1099 Langhorne, PA 19047

Texas Vision and Laser Center 2709 Virginia Pkwy Suite 200 McKinney, Tx. 75071-5400

Cook Childrens' Med. Cntr P. O. Box 961257 Fort Worth, Tx. 76161-0257

NCO Financial Systems, Inc. Transworld P. O. Box 15137 Wilmington, DE 19850-5137 Valley View, OH. 44125

9525 Sweet Valley Drive

Wells Fargo
P. O. Box 30086
Los Angeles, Ca. 90030

Wells Fargo Home Mortgage P. O. box 14547 Des Moines, IA 50306-3547

KENNETH S.HARTER, Bar No. 09155300 Law Offices of Kenneth S. Harter 1620 E. Beltline Rd. Carrollton, Tx. 75006 (972) 242-8887 Attorney for the Petitioner

### UNITED STATES BANKRUPTCY COURT FOR THE

EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

In re: Case No.:

 James D Grisham
 SSN:
 xxx-xx-4172

 Yamileth D. Grisham
 SSN:
 xxx-xx-2799

Debtor(s)

Numbered Listing of Creditors

Address:

5613 Bay Meadows Drive Chapter: 7

### Frisco, Tx. 75034

	Creditor name and mailing address	Category of claim	Amount of claim
1.	AMERICAN EXPRESS P. O. BOX 5027 FT. LAUDERDALE, FL. 33310 x-x3006	Unsecured Claim	\$2,623.66
2.	American Medical Collection Agency 4 Westchester Plaza Bldg 4 Elmsford, NY 10523 xxxxxxx4469	Unsecured Claim	\$95.06
3.	ARS National Services 201 W. Grand Av. Escondido, CA 92046 xxxx4479	Unsecured Claim	\$67,259.73
4.	Bank of America PO. Box 15284 Wilmington, DE. 19850- xxxxxxxxx3577	Unsecured Claim	\$393.51
5.	Bank of America PO. Box 19850 Wilmington, DE. 19850 xxxxxxxx0954	Unsecured Claim	\$969.75
6.	Capital Management Services, LP 698 1/2 south Ogden St. Buffalo, NY 14206-2317 2978	Unsecured Claim	\$68,205.38

	Debtor		Case No. (if known)		
	Creditor name and mailing address	Category of claim	Amount of claim		
7.	Cash Net USA 200 West Jackson St. Suite 1400 Chicago, IL 60606-6941 xxxx3413	Unsecured Claim	\$1,844.55		
8.	Cash Net USA 200 West Jackson St. Suite 1400 Chicago, IL 60606-6941 xxxx9354	Unsecured Claim	\$1,853.10		
9.	Cavalry Portfolio Services 500 Summit Lake Dr. Valhalla, NY 10595 xxxx-xxxx-xxxx-2978	Unsecured Claim	\$53,635.54		
10.	Citibank C/O Client Services, Inc. 3451 Harry S. Truman, Blvd St. Charles, MO 63301-4047 xxxx5435	Unsecured Claim	\$1,398.34		
11.	Cook Childrens' Med. Cntr P. O. Box 961257 Fort Worth, Tx. 76161-0257	Unsecured Claim	\$173.25		
12.	Credence 17000 Dallas Pkwy Suite 204 Dallas, Tx. 75248 xxxxx4953	Unsecured Claim	\$304.37		
13.	Credit Control 245 East Roselawn #25-26 Maplewood, MN 55117 3745	Unsecured Claim	\$8,369.74		
14.	Ditech C/O Johnson & Silver 12720 Hillcrest Dallas, Tx. 75230	Secured Claim	\$71,948.89		
15.	Financial Corp. of America P. O. Box 203500 Austin, Tx. 78720-3500 xxxx6322	Unsecured Claim	\$334.67		

III IE	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
16.	First Source Advantage P O Box 1299717 Buffalo, NY 14240 xxx7970	Unsecured Claim	\$8,369.74
17.	Hunter Warfield Collectionis & Asset Inv 4620 Woodland Corporate Blvd Tampa, FL 33614 2211	Unsecured Claim	\$926.13
18.	Law Offices of Kenneth S. Harter 1620 E. Beltline Rd. Carrollton, Tx. 75006	Unsecured Claim	\$365.00
19.	LCA Collections Box 2240 Burlington, NC 27216 xxxx4892	Unsecured Claim	\$4.51
20.	Management Services, Inc. P. O. Box 1099 Langhorne, PA 19047 xxxxxx3356	Unsecured Claim	\$8,369.74
21.	NCO Financial Systems, Inc. P. O. Box 15137 Wilmington, DE 19850-5137 xxx2585	Unsecured Claim	\$636.97
22.	NCP Finance Limited Partnership 205 Sugar Camp Cir Dpt CNG Dayton, Oh 45409 xxxx2027	Unsecured Claim	\$1,200.00
23.	NCP Finance Limited Partnership 205 Sugar Camp Cir Dpt CNG Dayton, Oh 45409	Unsecured Claim	\$1,250.00
24.	Northstar Location Services Attn: Financial Dept 4285 Genesee St. Buffalo, NY 14225 3745	Unsecured Claim	\$8,369.74

	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
25.	Penn Credit Corp 916 So. 14th St. Box 988 Harrisburg, PA 17108-0988 xxxx3216	Unsecured Claim	\$25.00
26.	Portfolio Recovery Associates P. O. Box 12914 Norfolk, VA 23541 5435	Unsecured Claim	\$2,000.00
27.	Quantum Builders 6125 W. Sam Houston Pkwy N #203 Houston, Tx. 77041	Unsecured Claim	\$912.84
28.	Quest Diagnostics, Inc. P. O. Box 41652 Philadelphia, PA 19101-1652 xxxxxx5161	Unsecured Claim	\$753.00
29.	Quest Diagnostics, Inc. P. O. Box 41652 Philadelphia, PA 19101-1652 xxxxxx6935	Unsecured Claim	\$543.56
30.	Quest Diagnostics, Inc. P. O. Box 41652 Philadelphia, PA 19101-1652 xxxxxx5516	Unsecured Claim	\$25.00
31.	Southwestern & Pacific Specialty Financi d/b/a Check N Go 4540 Cooper Rd. Suite 200 Cincinatti, OH 45242	Unsecured Claim	\$1,250.00
32.	Southwestern & Pacific Specialty Financi d/b/a Check N Go 4540 Cooper Rd. Suite 200 Cincinatti, OH 45242	Unsecured Claim	\$1,250.00
33.	Sunrise Credit Services Box 9100 Farmingdale, NY 11735-9100 xxxx2085	Unsecured Claim	\$8,369.74

Debtor			Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
34.	Texas Vision and Laser Center 2709 Virginia Pkwy Suite 200 McKinney, Tx. 75071-5400 7950	Unsecured Claim	\$35.00
35.	Transworld Unsecured Claim 9525 Sweet Valley Drive Valley View, OH. 44125 xxx2585  Wells Fargo		\$636.97
36.	Wells Fargo P. O. Box 30086 Los Angeles, Ca. 90030 9331	Unsecured Claim	\$406.31
37.	Wells Fargo Home Mortgage P. O. box 14547 Des Moines, IA 50306-3547	Secured Claim	\$193,000.00
18 I, <u> </u>	James D Grisham med as debtor in this case, declare under penalty of per	PECLARATION  rjury that I have read the foregoing Number	ered Listing of Creditors,
con	sisting of5 sheets (including this declaration), a	and that it is true and correct to the best of n	ny information and belief.
	Debtor: /s/ James D Grisham James D Grisham	Date: <u>1/4/2016</u>	_
S	Spouse: /s/ Yamileth D. Grisham  Yamileth D. Grisham	Date: <u>1/4/2016</u>	_

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE: James D Grisham CASE NO.
Yamileth D. Grisham

CHAPTER 7

### **Certificate of Service**

I certify that a true and correct copy of the foregoing was served on all creditors or their attorneys of record, on this day, by first class mail, fax, or e-mail.

Date: 1/4/2016 /s/ KENNETH S.HARTER

KENNETH S.HARTER
Attorney for the Debtor(s)

AMERICAN EXPRESS Cash Net USA Credit Control

P. O. BOX 5027 xxxx3413 3745

FT. LAUDERDALE, FL. 33310 200 West Jackson St. Suite 1400 245 East Roselawn #25-26 Chicago, IL 60606-6941 Maplewood, MN 55117

Chicago, 1L 60606-6941

Elmsford, NY 10523

American Medical Collection Agency Cash Net USA Ditech

xxxxxxx4469 xxxx9354 C/O Johnson & Silver 4 Westchester Plaza 200 West Jackson St. Suite 1400 12720 Hillcrest

Bldg 4 Chicago, IL 60606-6941 Dallas, Tx. 75230

ARS National Services Cavalry Portfolio Services Financial Corp. of America

xxxx4479 xxxx-xxxx-2978 P. O. Box 203500
201 W. Grand Av. 500 Summit Lake Dr. Austin, Tx. 78720-3500
Escondido, CA 92046 Valhalla, NY 10595

Bank of AmericaCitibankFirst Source Advantagexxxxxxxxx3577xxxx5435P O Box 1299717

P. .O. Box 15284 C/O Client Services, Inc. Buffalo, NY 14240 Wilmington, DE. 19850- 3451 Harry S. Truman, Blvd St. Charles, MO 63301-4047

Bank of America Cook Childrens' Med. Cntr Hunter Warfield Collectionis & Asset Inv

xxxxxxxx0954 P. O. Box 961257 2211

P. .O. Box 19850 Fort Worth, Tx. 76161-0257 4620 Woodland Corporate Blvd

Wilmington, DE. 19850 Tampa, FL 33614

Capital Management Services, LP Credence Law Offices of Kenneth S. Harter

2978 xxxxx4953 1620 E. Beltline Rd. 698 1/2 south Ogden St. 17000 Dallas Pkwy Carrollton, Tx. 75006

698 1/2 south Ogden St. 17000 Dallas Pkwy Carrollton, Tx. 75000 Buffalo, NY 14206-2317 Suite 204

Dallas, Tx. 75248

### **UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION**

IN RE: James D Grisham Yamileth D. Grisham

CASE NO.

CHAPTER

### **Certificate of Service**

(Continuation Sheet #1)

LCA Collections xxxx4892 Box 2240

Burlington, NC 27216

Portfolio Recovery Associates

P. O. Box 12914 Norfolk, VA 23541 Wells Fargo P. O. Box 30086

Los Angeles, Ca. 90030

Management Services, Inc.

xxxxxx3356 P. O. Box 1099 Langhorne, PA 19047 **Quantum Builders** 

6125 W. Sam Houston Pkwy N

#203

Houston, Tx. 77041

Wells Fargo Home Mortgage

P. O. box 14547

Des Moines, IA 50306-3547

NCO Financial Systems, Inc.

P. O. Box 15137

Wilmington, DE 19850-5137

Quest Diagnostics, Inc.

P. O. Box 41652

Philadelphia, PA 19101-1652

NCP Finance Limited Partnership

xxxx2027

205 Sugar Camp Cir

Dpt CNG

Dayton, Oh 45409

Southwestern & Pacific Specialty

Financi

d/b/a Check N Go

4540 Cooper Rd. Suite 200

Cincinatti, OH 45242

NCP Finance Limited Partnership

205 Sugar Camp Cir

Dpt CNG

Dayton, Oh 45409

Sunrise Credit Services

xxxx2085 Box 9100

Farmingdale, NY 11735-9100

Texas Vision and Laser Center

Northstar Location Services

Attn: Financial Dept 4285 Genesee St.

Buffalo, NY 14225

7950

2709 Virginia Pkwy Suite 200

McKinney, Tx. 75071-5400

Penn Credit Corp

xxxx3216 916 So. 14th St.

Box 988

Harrisburg, PA 17108-0988

Transworld

9525 Sweet Valley Drive Valley View, OH. 44125

Fill in this inf	ormation to i	dentify your case	:	Check one box only as directed in this
Debtor 1	James First Name	<b>D</b> Middle Name	Grisham Last Name	form and in Form 122A-1Supp:  1.There is no presumption of abuse.
Debtor 2 (Spouse, if filing) United States Ba Case number (if known)		D. Middle Name or the: EASTERN DIS	Grisham  Last Name  STRICT OF TEXAS	<ul> <li>2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).</li> <li>3. The Means Test does not apply now because of qualified military service but it could apply later.</li> </ul>
Official Form		f Vous Cussons	Monthly Income	Check if this is an amended filing

### Chapter / Statement of Your Current Monthly Income

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

### **Calculate Your Current Monthly Income** Part 1:

١.	Wha	at is y	rour marital and filing status? Check one only.					
		Not	married. Fill out Column A, lines 2-11.					
	$\overline{\mathbf{V}}$	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.						
		Mar	Married and your spouse is NOT filing with you. You and your spouse are:					
			Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.					
			Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).					

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$6,715.80
3.	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00

Debtor 1 James D Grisham Case number (if known)

Last Name

Column A Column B

Debtor 1 Debtor 2 or non-filing spouse

\$0.00

\$0.00

5. Net income from operating a business, profession, or farm

Middle Name

First Name

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating – expenses	\$0.00	\$0.00	Сору		
Net monthly income from a business, profession, or farm	\$0.00	\$0.00	here 🗕 _	\$0.00	\$0.00

6. Net income from rental and other real property

**Unemployment compensation** 

		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00	\$0.00			
	Ordinary and necessary operating expenses	\$0.00	\$0.00	Сору		
	Net monthly income from rental or other real property	\$0.00	\$0.00	here ->	\$0.00	\$0.00
7.	Interest, dividends, and royalties				\$0.00	\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ......

For you	\$0.00
For your spouse	\$0.00

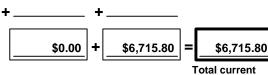
- 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.
- 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.



monthly income

8.

		(	Case 16-40031	Doc 1 F	iled 01/04/16	Entered 01/04/16 16	6:27:08	Desc Main Document F	Page 82 c	of 94
Debtor 1		James First Name		D Grisham  Middle Name Last Name		risham st Name	(	Case number (if known)		
		FIISU	varie	Middle Name	; Las	t Name				
Pá	art 2:	De	termine Wh	ether the	Means Tes	t Applies to You				
12.	Calc	ulate yo	ur current mon	nthly income	e for the year	. Follow these steps:				
	12a.	Сору у	our total curren	t monthly inc	come from line	e 11		Copy line 11 here	<b>→</b> 12a	a. <b>\$6,715.80</b>
	Multiply by 12 (the number of months in a year).									X 12
	12b. The result is your annual income for this part of the form.				the form.			12b	<b>\$80,589.60</b>	
13.	Calc	ulate the	e median family	y income th	at applies to	you. Follow these ste	eps:			
	Fill in the state in which you live.				Texas					
	Fill in the number of people in your household.									
	Fill in	the med	dian family inco	me for your s	state and size	of household			13.	\$72,612.00
						online using the link s	•	•		
14	How	do the l	lines compare?	•						
	14a.		•		I to line 13. O	n the top of page 1, ch	heck bo	x 1, There is no presumption	of abuse.	
	14b.	☑ Li			•	of page 1, check box 2	2, The pi	resumption of abuse is detern	nined by	Form 122A-2.
P:	art 3:	Sid	gn Below							
	ar t 0.	O.,	911 201011							
	Ву	signing l	here, I declare u	ınder penalty	of perjury that	at the information on th	his state	ement and in any attachments	is true a	and correct.
			es D Grishan	n		X		mileth D. Grisham		
		Signatur	re of Debtor 1				Signatu	ure of Debtor 2		
		_	/4/2016				_	1/4/2016		
		M	IM / DD / YYYY					MM / DD / YYYY		

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in the	nis information to i	dentify your case	e:	Check the appropriate box as directed in lines 40 or 42:
Debtor 1	James	D	Grisham	III IIIIes 40 01 42.
	First Name	Middle Name	Last Name	According to the calculation required by this Statement:
Debtor 2	if filing) First Name	D. Middle Name	Grisham	
(Spouse,	if filing) First Name	Middle Name	Last Name	☑ 1. There is no presumption of abuse.
United Sta	ates Bankruptcy Court fo	r the: <b>EASTERN DIS</b>	STRICT OF TEXAS	2. There is a presumption of abuse.
Case num (if known)				Check if this is an amended filing
	Form 122A-2			
Chapte	r 7 Means Test	Calculation		12/15
To fill out t 122A-1).	his form, you will need	your completed cop	y of Chapter 7 State	ment of Your Current Monthly Income (Official Form
Re as com	nlete and accurate as n	oossible If two marri	ed neonle are filing	together, both are equally responsible for being
accurate.	If more space is needed	d, attach a separate s	heet to this form. Ir	clude the line number to which the additional
nformatio	n applies. On the top o	f any additional page	s, write your name a	and case number (if known).
Part 1:	Determine Your	Adjusted Income	)	
1. Сору	your total current mont	hly income	Copy line 11 fro	om Official Form 122A-1 here ⇒ 1\$6,715.80
2. Did yo	ou fill out Column B in F	Part 1 of Form 122A-1	?	
	lo. Fill in \$0 for the total	on line 3.		
✓ Y	es. Is your spouse filing	with you?		
	No. Go to line 3.			
<u> </u>	─ ☑ Yes. Fill in \$0 for the	e total on line 3.		
-	t your current monthly busehold expenses of y	•		pouse's income not used to pay for
	e 11, Column B of Form household expenses of	•	•	reported for your spouse NOT regularly used
	lo. Fill in \$0 for the total	on line 3.		
	es. Fill in the informatio	n below:		
   s	state each purpose for v	which the income was	s used	
F d	or example, the income ebt or to support people ependents	is used to pay your spo	ouse's tax  are s	the amount you ubtracting from spouse's income
			+	
т	4-1			\$0.00 Comutatel have

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$6,715.80

Debtor 1

Grisham Middle Name First Name Last Name

Case number (if known)

### Part 2: **Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,925.00

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age					
<ul> <li>7a. Out-of-pocket health care allowance per person</li> <li>7b. Number of people who are under 65</li> <li>7c. Subtotal. Multiply line 7a by line 7b.</li> <li>People who are 65 years of age or older</li> </ul>	\$60.00 X 4 \$240.00	Copy here → _	\$240.00		
7d. Out-of-pocket health care allowance per person	\$144.00				
7e. Number of people who are 65 or older	х				
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy here +_	\$0.00		
7g. <b>Total.</b> Add lines 7c and 7f			\$240.00	Copy total here -> 7g.	\$240.00

		Case 16-4003	1 Doc 1 Filed 0	01/04/16 Enter	ed 01/04/16	16:27:08 De	esc Main Document	Page 85 of 94	
Debto	or 1	James	D	Grisham		Case	number (if known) _		
		First Name	Middle Name	Last Name					
Loc	al Sta	<b>andards</b> You	must use the IRS	Local Standards	to answer t	he questions ir	n lines 8-15.		
		n information from th ruptcy purposes into		ustee Program	has divided	the IRS Loca	l Standard for hous	ng	
		ing and utilities Ins ing and utilities Mo							
То	answ	er the questions in li	ines 8-9, use the L	J.S. Trustee Pro	gram chart				
		ne chart, go online using at the bankruptcy cle	•	d in the separate	instructions	s for this form.	This chart may also I	oe .	
8.		sing and utilities In the dollar amount lis					ople you entered in li	ne 5,	\$800.00
9.	Hou	sing and utilities N	Mortgage or rent e	xpenses:					
	9a.	Using the number of for your county for m			the dollar an	nount listed	\$2,530.00		
	9b.	Total average month your home.	ly payment for all r	mortgages and o	ther debts s	ecured by			
		To calculate the total contractually due to obankruptcy. Then di	each secured credi						
		Name of the credi	tor		erage month ment	nly			
				+					
						Сору		Repeat this amount on	
		Tota	al average monthly	payment	\$0.00	here →	<b>-</b> \$0.00	line 33a.	
	9c.	Net mortgage or rent	expense.					•	
		Subtract line 9b (tota rent expense). If this			ne 9a (mort	gage or	\$2,530.00	Copy here  _	\$2,530.00
10.	-	ou claim that the U.S. affects the calculation	-				-	t _	
	Exp why								
			Cl. 1		de la Company				
11.	Loc	al transportation exp	enses: Check the	number of venic	cies for whic	n you claim an	ownership or operati	ng expense.	
		1. Go to line 12.							
	$   \overline{\mathbf{A}} $	2 or more. Go to line	e 12.						
12.		icle operation expen rating expenses, fill in	•				es for which you claim tropolitan statistical a		\$554.00

Debtor 1

 James
 D
 Grisham
 Case number (if known)

 First Name
 Middle Name
 Last Name

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

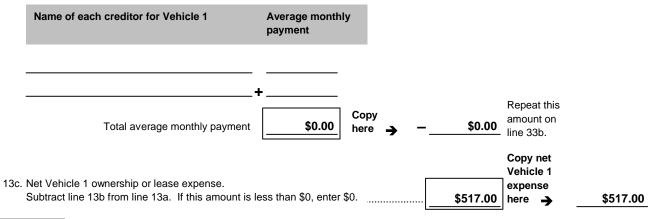
Vehicle 1

Describe Vehicle 1:

- 13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

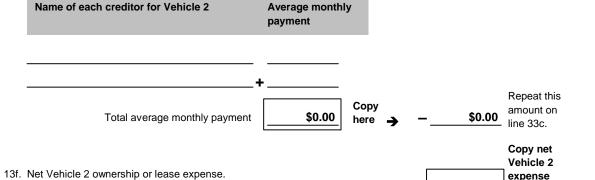


Vehicle 2

Describe Vehicle 2:

- 13d. Ownership or leasing costs using IRS Local Standard. \$517.00
- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.



14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public

\$0.00

\$517.00

\$517.00

here

Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$0.00

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Debtor 1 James D Grisham Case number (if known)

Middle Name First Name Last Name Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, \$1,015.36 self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, \$0.00 union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are \$0.00 filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative \$0.00 agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: \$0.00 as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$150.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that \$93.00 is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services \$0.00 for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances.

Add lines 6 through 23.

\$8,341.36

Doc 1 Filed 01/04/16 Entered 01/04/16 16:27:08 Desc Main Document Page 88 of 94 Case 16-40031 Debtor 1 James D Grisham Case number (if known) Middle Name First Name Last Name Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. \$585.24 Health insurance \$287.70 Disability insurance Health savings account \$0.00 \$872.94 \$872.94 Total Copy total here Do you actually spend this total amount? ■ No. How much do you actually spend? ✓ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you \$0.00 will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the \$0.00 safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$0.00 \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. \* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial \$25.00 instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 32. Add all of the additional expense deductions.

Add lines 25 though 31.

\$897.94

Ded	uction	s for	Debt Payment								
33.					est in property tha nes 33a through 3		, includin	g home r	mortgages, vehic	le	
					ayment, add all amo		are contra	ctually du	e to each secured	d creditor in	
			·	·	,				verage monthly		
		Mor	gages on your	home:							
	33a.	Cop	/ line 9b here					→	\$0.00		
		Loai	ns on your first	two vehicles	::						
	33b.	Cop	/ line 13b here					→	\$0.00		
	33c.	Copy	/ line 13e here					→	\$0.00		
	33d.	List	other secured de	bts:							
			ach creditor for red debt		Identify property secures the debt		Does pa	taxes or			
							П	No			
							_ =	Yes			
								No			
							ᆜ	Yes			
							— 님	No Yes	·		
	33e.	Tota	I average month	ly payment. /	Add lines 33a throu	gh 33d			\$0.00	Copy total here →	\$0.00
34.	Are a	ny de	bts that you list	ted in line 33	secured by your	primary re	sidence,	a vehicle	e, or other proper	•	
		-	-		port of your deper	-	•			•	
	□ ¹	No.	Go to line 35.								
	<b>I</b>	Yes.	payments listed	in line 33, to	ust pay to a credito keep possession o de by 60 and fill in t	f your prop	erty (calle				
Nan	ne of tl	he cre	editor	Identify pro secures the		Total cu amount	re		Monthly cure amount		
							÷	60 =			
								60 =			
							÷	60 = +			
								Total	\$0.00	Copy total here	\$0.00
35.	-	ny	that are past du		s a priority tax, ch iling date of your b						
	٠	No. Yes.			of these priority clai						
			_		priority claims					÷ 60 =	\$0.00

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Grisham Last Name

Middle Name

James First Name

Debtor 1

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Case number (if known)

Debto	r 1		nes	D Middle Nesses	Grishan		_ Case nu	ımber (if known)		
		First	Name	Middle Name	Last Name	Э				
36.	For r	nore i	nformation,	le a case under Cha go online using the l rm. Bankruptcy Basi	ink for Bankrupto	cy Basics specifie				
		No. Yes.	Go to line Fill in the	37. following information						
			Projected	monthly plan payme	nt if you were filin	ng under Chapter	13	\$10.00		
			Administra and North	nultiplier for your distrative Office of the Un Carolina) or by the E per districts).	ited States Court	ts (for districts in A	Alabama	x	%	
			the link sp	list of district multiplie pecified in the separa vailable at the bankru	te instructions for	r this form. This li	-			
			Average r	monthly administrativ	e expense if you	were filing under	Chapter 13	\$0.75	Copy total here	\$0.75
37.			the deduc 33e through	tions for debt paym n 36.	ent.					\$0.75
Tota	al Dec	ductio	ns from In	come						
38.	Add	all of	the allowe	ed deductions.						
				ne expenses allowed		\$8,341.36				
	Copy	y line :	32, All of th	ne additional expense	e deductions	\$897.94				
	Copy	/ line :	37, All of th	ne deductions for deb	t payment +	\$0.75				
	Total	l dedu	ictions			\$9,240.05	Copy total	here →		\$9,240.05
Par	t 3:	D	etermine	Whether There	Is a Presump	otion of Abuse	9			
39.	Calc	ulate	monthly di	isposable income fo	or 60 months					
	39a.	Cop	y line 4, ad	ljusted current month	ly income	\$6,715.80				
	39b.	Cop	y line 38, <i>T</i>	otal deductions	<del>-</del>	\$9,240.05				
	39c.			able income. 11 U.S 9b from line 39a.	S.C. § 707(b)(2).	(\$2,524.25)	Copy here	(\$2,524.25)	-	
		For	the next 60	months (5 years)				x 60		
	39d.	Tot	al. Multiply	line 39c by 60			39d.	(\$151,455.00)	Copy here ->	\$151,455.00)
40.	Find	out v	vhether the	ere is a presumption	of abuse. Chec	ck the box that ap	plies:			
			ine 39d is I Part 5.	less than \$7,475*. C	n the top of page	e 1 of this form, ch	neck box 1, <i>Th</i>	nere is no presun	nption of abus	e.
				more than \$12,475*. Part 4 if you claim sp		-		There is a presu	ımption of abເ	ise.
		The I	ine 39d is a	at least \$7,475*, but	not more than \$	<b>12,475*.</b> Go to lir	ne 41.			
	_	* Sub	ject to adju	stment on 4/01/16, a	nd every 3 years	after that for case	es filed on or a	after the date of a	djustment.	

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otor 1		nes Name	D Middle Name	Grisham Last Name		ase number (i	f known) _	
<b>1.</b> 41a.	Fill A S	in the amount oummary of Your	of your total nonp Assets and Liabil	priority unsecured debt. ities and Certain Statistica r to line 3b on that form.	al Information	Schedules		
						_	x .25	
41b.		6 of your total n tiply line 41a by		ured debt. 11 U.S.C. § 7	707(b)(2)(A)(i)	(I).		Copy here ->
is en	nough		your unsecured,	eft over after subtracting nonpriority debt.	g all allowed	deductions		
		39d is less than Part 5.	line 41b. On the	top of page 1 of this form	n, check box 1	, There is no	presumptior	of abuse.
				41b. On the top of page ial circumstances. Then		, check box 2	, There is a	presumption of abuse.
art 4:	G	ive Details A	bout Special	Circumstances				
•				nat justify additional exp 11 U.S.C. § 707(b)(2)(B)	•	ustments of o	urrent mor	nthly income for
	No.	Go to Part 5.						
	Yes.		-	All figures should reflect y expenses you listed in line	_	monthly expen	se or incom	e adjustment
		adjustments ne	•	ation of the special circum onable. You must also gi s.				
		Give a detail	ed explanation o	f the special circumstan	ices			Average monthly expense or income adjustment
art 5:	s	ign Below						
By si	igning	here, I declare u	under penalty of p	erjury that the information	on this state	ment and in ar	ny attachme	nts is true and correct.
X <u>/s</u>	s/ Jar	nes D Grishar	n		X /s/ Yan	nileth D. Gris	sham	
S	Signatu	re of Debtor 1			Signatu	re of Debtor 2		
D	_	1/4/2016	<del> </del>			/4/2016	.,	_
	I	MM / DD / YYYY			N	/IM / DD / YYY	Y	

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### **Current Monthly Income Calculation Details**

In re: James D Grisham Case Number: Yamileth D. Grisham Chapter: 7

### 2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

 Spouse
 wages

 \$6,715.80
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# **Underlying Allowances (as of 01/04/2016)**

In re: James D Grisham Case Number: Yamileth D. Grisham Chapter: 7

Median Income Information				
State of Residence	Texas			
Household Size	4			
Median Income per Census Bureau Data	\$72,612.00			

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous				
Region	US			
Family Size	4			
Gross Monthly Income	\$6,715.80			
Income Level	Not Applicable			
Food	\$821.00 OVERRIDDENAmount Used: \$1,100.00			
Housekeeping Supplies	\$78.00 OVERRIDDENAmount Used: \$125.00			
Apparel and Services	\$244.00 OVERRIDDENAmount Used: \$300.00			
Personal Care Products and Services	\$70.00 OVERRIDDENAmount Used: \$100.00			
Miscellaneous	\$300.00			
Additional Allowance for Family Size Greater Than 4	\$0.00			
Total	\$1,513.00 OVERRIDDENAmount Used: \$1,925.00			

National Standards: Hea	National Standards: Health Care (only applies to cases filed on or after 1/1/08)					
Household members under 65 years of age						
Allowance per member	\$60.00					
Number of members	4					
Subtotal	\$240.00					
Household members 65 years of age or older						
Allowance per member	\$144.00					
Number of members	Number of members 0					
Subtotal	\$0.00					
Total	\$240.00					

Local Standards: Housing and Utilities					
State Name	Texas				
County or City Name	Denton County				
Family Size	Family of 4				
Non-Mortgage Expenses	\$669.00 OVERRIDDENAmount Used: \$800.00				
Mortgage/Rent Expense Allowance	\$1,708.00 OVERRIDDENAmount Used: \$2,530.00				
Minus Average Monthly Payment for Debts Secured by Home	\$0.00				
Equals Net Mortgage/Rental Expense	\$2,530.00				
Housing and Utilities Adjustment	\$0.00				

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# **Underlying Allowances (as of 01/04/2016)**

In re: James D Grisham Case Number: Yamileth D. Grisham Chapter: 7

Lo	Local Standards: Transportation; Vehicle Operation/Public Transportation					
Transportation Region	•	Dallas-Ft. Wo	Dallas-Ft. Worth			
Number of Vehicles Opera	ted	2 or more				
Allowance		\$554.00				
Loc	al Standards: Transportati	ion; Additional Publ	ic Transportation Expense			
Transportation Region		Dallas-Ft. Wo	rth			
Allowance (if entitled)		\$185.00				
Amount Claimed		\$0.00	\$0.00			
	Local Standards: Tran	sportation; Owners	hip/Lease Expense			
Transportation Region		Dallas-Ft. Wo	Dallas-Ft. Worth			
Number of Vehicles with O	wnership/Lease Expense	2 or more	2 or more			
	First Ca	ar	Second Car			
Allowance	\$517.00		\$517.00			
Minus Average Monthly Payment for Debts Secured by Vehicle	\$0.00		\$0.00			
Equals Net Ownership / Lease Expense	\$517.00		\$517.00			